

NORTH CAROLINA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
STRUCTURAL PEST CONTROL DIVISION
 1001 MAIL SERVICE CENTER, RALEIGH, NC 27699-1001
APPLICATION FOR STRUCTURAL PEST CONTROL CERTIFIED APPLICATOR'S CARD

(Type or Print in Ink)

APPLICANT INFORMATION						
Applicant's Name:				Social Security Number:		
Home Address:				Job Title:		
City		State	Zip	County	Telephone Number:	
Date of Birth:	Height	Weight		Hair Color	Eye Color	
COMPANY (EMPLOYER) INFORMATION						
Company Name:				Telephone Number:		
Street Address			Mailing address different from street address)			
City		State	Zip	City	State Zip	
CERTIFIED APPLICATOR CARD INFORMATION						
This application is for a: (Check the applicable box. For transfers, indicate the last day of employment with previous employer):		New CA Card	New CA Phase	Transfer of Card (effective date)	Replacement Card	Address Change
Check certification phase(s) and card type for which application is being made (see instructions on back):		P (Household Pest) W (Wood-Destroying Organism) F (Fumigation)		Commercial Noncommercial Unemployed		
LICENSEE INFORMATION (FOR COMMERCIAL CERTIFIED APPLICATORS ONLY)						
Licensee's Name				License Number		
RESIDENT AGENT INFORMATION						
If you are not a resident of North Carolina you must designate a resident agent. The resident agent's address must be the same as the company address.						
Resident Agent's Name:				Telephone Number:		
Address:						
City		State	Zip	County		
FEES SUBMITTED						
The fee for a new Certified Applicator Card is \$30.00		The fee to reprint an existing card because of a new phase, transfer, or replacement is \$5.00		Enter total fee enclosed:		
BRANCH OFFICE INFORMATION						
This information is required only if the CA is the Designated Certified Applicator in a Branch Office other than the licensee home office. The licensee must also register the Branch Office on the <i>Branch Office Registration Form</i> .						
Company Name:				Telephone Number:		
Street Address			Mailing address (if different from street address)			
City		State	Zip	City	State Zip	
APPLICANT, EMPLOYER AND RESIDENT AGENT CERTIFICATION						
I hereby certify that the information given in this application is true and correct.						
Signature of Applicant:			Date:			
Signature of Licensee (commercial) or Employer (noncommercial):			Date:			
Signature of Resident Agent (required if applicable):			Date:			

INSTRUCTIONS FOR COMPLETING THE CERTIFIED APPLICATOR'S CARD APPLICATION

APPLICANT INFORMATION

Complete all personal information for the applicant. Be sure to include the *Job Title*.

COMPANY / EMPLOYER INFORMATION

The company name and address of the company with which you are currently employed. For commercial CAs this will be a pest control company. For non-commercial CAs, the company name may not be a pest control company. For unemployed CAs, leave this information blank.

CERTIFIED APPLICATOR CARD INFORMATION

Check the appropriate box for New Card, New Phase added to existing card, Transfer of Card from one employer to another, or Replacement of a lost card.

Check the box for the phase(s) to be included or added to the card.

The Division issues certified applicator's cards in three types:

Commercial: Individuals working under the supervision of a licensee and charging a fee for the pest control services they perform.

Noncommercial: Individuals that are employed by a company (that is not a pest control company) who performs their company's pest control services. Noncommercial individuals cannot hire themselves out or trade pest control services.

Unemployed: Individuals that are not currently engaged in the pest control business, but want to maintain their certification.

LICENSEE INFORMATION

This section applies only to a certified applicator employed with a person holding a structural pest control license.

RESIDENT AGENT INFORMATION

This section applies only to a certified applicator that resides outside of North Carolina. The resident agent should be located at the home office location of the licensee or, for a noncommercial CA, at the company location in North Carolina.

FEES SUBMITTED

Fees required are listed on the front of the form. Be sure to indicate the amount paid and to include your check or other form of payment with the application. Applications received without payment will be returned.

BRANCH OFFICE INFORMATION

This information is required ONLY if the certified applicator is to be the designated certified applicator in a branch office location other than the LICENSEE'S home office. The term Home Office means the office to which the employing LICENSEE'S license is assigned NOT the corporate office.

APPLICANT, EMPLOYER AND RESIDENT AGENT CERTIFICATION

All applicable individuals must sign the application. Unsigned applications will be returned.