



STATE OF NORTH CAROLINA

DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES

STRUCTURAL PEST CONTROL AND PESTICIDES DIVISION

Statement of Applicant for Reciprocal Certification for Pesticide Applicator's License

For the purpose of securing a license and certification for pesticide application in North Carolina based upon reciprocal agreement between the State of **NORTH CAROLINA** and _____, I, _____, do hereby affirm that I am currently certified in the State of _____, as a pesticide applicator, that I have read and understand the requirements of the North Carolina Pesticide Law of 1971 and Regulations, and that I will comply with said requirements. I further acknowledge that violations of the above Law and Regulations, are grounds for suspension, denial, revocation or any other related actions affecting my license and certification.

Signature of Applicant

Signed and sworn to or affirmed before me this day by _____
(Name of Applicant)

Date _____
(Official Seal)

Official Signature of Notary Public

Notary's printed or typed name: _____

My Commission Expires: _____

10/01/07



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North Carolina has **AERIAL PESTICIDE APPLICATOR RECIPROCAL** agreements with the states of GEORGIA, SOUTH CAROLINA and MISSISSIPPI in the subclass of public health only. This reciprocity is granted only upon the declaration of a public health emergency by an appropriate North Carolina state or local official.

Reciprocity is only granted to individuals who are residents of a state other than North Carolina. Once you become a resident of North Carolina, reciprocity is no longer an option and therefore you must take the appropriate North Carolina exam(s) to become certified and licensed.

INSTRUCTIONS TO APPLICANTS

TO BE CONSIDERED FOR RECIPROACITY AS A PESTICIDE APPLICATOR, YOU MUST COMPLETE AND PROVIDE THE FOLLOWING.

PLEASE PRINT or TYPE

			Date
Last 4 digits of Social Security No.	Last Name	First Name	Middle Initial
Address (Street number and name)		City	County
State	Zip Code	Phone(Home or where you can be reached)	Business Phone
Business Mailing Address		City	State
		Zip Code	
Reciprocating State	Certification Expiration Date		License Number
Category Numbers	Category descriptions		

* ENCLOSE A LEGIBLE COPY OF YOUR CURRENT LICENSE (CERTIFICATION) CERTIFICATE FROM THE RECIPROCATING STATE

* REMITTANCE PAYABLE TO THE NCDA & CS IN THE AMOUNT OF \$75.00 FOR THE ANNUAL PESTICIDE APPLICATOR LICENSE FEE