GEORGIA DEPARTMENT OF AGRICULTURE
TYLER J HARPER, COMMISSIONER agr.georgia.gov

Structural Pest Division
pestapplications@agr.georgia.gov
Telephone: (404) 656-3641
Fax: (404) 463-6671

INSTRUCTIONS FOR COMPLETING THE HONEY BEE REMOVAL STRUCTURAL COMPANY LICENSE APPLICATION

APPLICANT INFORMATION

This person might be the same person as the designated certified operator. Applicants should include their phone number and/or email for any follow-up questions concerning their application. The applicant must satisfy the Secure and Verifiable (S&V) Citizenship/Immigration status requirement by completing a notarized affidavit and providing a supporting document (e.g. a driver's license, military ID, passport). If you've already provided these documents for issuance of another GDA license you do not need to provide them again, just provide the license type and number they should be on file for.

COMPANY INFORMATION

The Commission may reject a name, if it is likely to be confused with a previously issued name (Chapter 620-2-.01 of the Rules of the Georgia Structural Pest Control Act). The SPCC also provides Notice 17-01 Business Naming Policy for further guidance. You may submit more than one company name for consideration. List your preferred company name first, followed by your other options in order of preference. The Commission will only review the list until the first sufficiently distinguishable name is approved.

LICENSE INFORMATION

This structural pest control license would only allow for operation in the category of Honey Bee Control and Removal (HBR) pursuant to Chapter 620-9 Control and Removal of Honey Bees from Structures. No pesticides can be used under this license. The Designated Certified Operator is a person who has satisfied the requirements for HBR certification outlined in Rule 620-9-.02 and has been designated by a licensee as being responsible for the HBR operations and reporting activities of licensee.

If you already have a Structural Pest Control Company License in another category, and would like to add HBR, please use the Add a Category Form.

FEES DUE

Fees required are listed on the application. Payment can be included with the application if made by check, certified check, or money order for the correct amount. Payment can also be made online by credit card or ACH. If you'd like to pay online, please check the appropriate box on the application. A link to pay will be emailed after the application is approved.

Please note that Structural Pest Control Commission licenses, certifications, and registrations operate on a fixed, calendar year basis and expire June 30th of every odd numbered year. The Department is prohibited from prorating fees for mid-cycle applications and from issuing fee refunds. Please apply accordingly.

INSURANCE INFORMATION

The license will not be issued without proof of insurance. The Insurance Form must have the approved company name and meet these minimum requirements: Bodily Injury – Any One Occurrence $50,000, Property Damage – Any One Occurrence $50,000, and Minimum Annual Aggregate $200,000. An authorized representative must complete the form, and it can be mailed or emailed (insurance@agr.georgia.gov) to the Structural Pest Division Office.

APPLICANT AND DESIGNATED CERTIFIED OPERATOR

All applicable individuals must sign the application. Unsigned applications will be returned. Applications received by the 1st day of the month will be considered by the Commission at their monthly meeting.

HONEY BEE REMOVAL STRUCTURAL COMPANY LICENSE APPLICATION

FOR OFFICIAL USE ONLY

Voucher	
Amount	$

Georgia Department of Agriculture
Structural Pest Control Division
244 Washington St. SW, Room G007
Atlanta, GA 30334-4201
pestapplications@agr.georgia.gov

Please ensure you have read the instructions on page 1 before submitting your application. Completed applications and payment may be mailed to the GDA address provided or submitted by email and paid online.

APPLICANT INFORMATION

Applicant's Name	Applicant's Contact Email	
Applicant must complete S&V Citizenship/Immigration status requirement. If you've completed S&Vs before, please provide:	License Type	License Number

COMPANY INFORMATION

Additional alternate company names may be attached as a separate document. Please see Chapter 620-2.01 of the Rules of the Georgia Structural Pest Control Act or Notice 17-01: Business Naming Policy for more information.

Requested Company Name			Alternate Company Name (if requested name is not available)		
All information is required in the section below. Blanks may cause your application to be rejected.			*Information in the section below is required if applicable.*		
Street Address		County	Mailing Address (if different from street Address)		
City	State	Zip	City	State	Zip
Telephone Number			Fax Number		
Email			Website		

LICENSE INFORMATION

License Category	Name of Designated Certified Operator for HBR	DCO's Certification Number
Honey Bee Control and Removal (HBR)	Name of HBR certified DCO	SP Number

FEES DUE (Can be paid by check, money order, or online)

$170.00 (Includes $100.00 Company License Fee & required $70.00 Research Fee) ☐ Attached ☐ Pay Online *Payment link emailed if approved*

INSURANCE INFORMATION

The license can not be issued without proof of insurance. ☐ Attached ☐ Submitted separately

APPLICANT AND CERTIFIED HONEY BEE CONTROL AND REMOVAL OPERATOR

I hereby certify that the information given in this application is true and correct.

Signature of Applicant	Date	
Signature of Certified Honey Bee Control and Removal Operator	Date	Certification #

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Signature of Chairman of Structural Pest Control Commission	Date	☐ Approved	☐ Denied:

Approved Pending

☐ Insurance submission/verification ☐ Payment of Fees ☐ Complete Information (Email, phone number, etc.)

☐ New Company Name ☐ Other: