



GEORGIA DEPARTMENT OF AGRICULTURE

TYLER J HARPER, COMMISSIONER

agr.georgia.gov

Structural Pest Division
Telephone: (404) 656-3641
Fax: (404) 463-6671

INSTRUCTIONS FOR COMPLETING THE SUB-OFFICE LICENSE APPLICATION

APPLICANT INFORMATION

This person might be the same person as the Designated Certified Operator (DCO). Applicants should include their email for any follow-up questions concerning their application.

HEAD OFFICE INFORMATION

All sub-offices must be associated with a head office, which should be a licensed structural pest control company. Please be sure to include the company license number of the head office.

If the head office is more than 100 miles away from the sub-office location, please include a written supervision plan explaining how the DCO will provide adequate supervision of the office from afar.

SUB-OFFICE INFORMATION

Fill out this section completely and accurately. Failure to provide the necessary information required by this form may result in delayed processing, or rejection of the application.

LICENSE INFORMATION

A sub-office license is limited to any office of a licensee having only one registered employee who is under the charge of the Designated Certified Operator in the main licensed office.

Offices with more than one registered employee would not qualify as a sub-office and should instead use the [Structural Pest Control Company Application](#).

FEES SUBMITTED

Fees required are listed on the application. Be sure the amount paid matches the total fee enclosed box and includes a check, certified check, or money order for the correct amount. Applications received without payment will be returned.

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 the sub-office will be associated with, and the address of the sub-office must be noted on the insurance documents. An authorized representative must complete the form, and it can be mailed or emailed (insurance@agr.georgia.gov) to the Structural Pest Division.

APPLICANT AND HEAD OFFICE DCO INFORMATION

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.

STRUCTURAL PEST CONTROL SUB-OFFICE LICENSE APPLICATION				FOR OFFICIAL USE ONLY	
Georgia Department of Agriculture Structural Pest Control Division 244 Washington St. SW, Room G007 Atlanta, GA 30334-4201		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.		Voucher	
				Amount	\$
APPLICANT INFORMATION					
Applicant's Name			Applicant's Contact Email		
HEAD OFFICE INFORMATION					
Company Name				Company ID Number	
SUB-OFFICE INFORMATION					
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					
Please complete the information below for the one registered employee to be assigned to the sub-office. Offices with more than one registered employee would not qualify as a sub-office and should instead use the Structural Pest Control Company Application .					
Name of Registered Employee				SP Number (if already registered)	
FEES SUBMITTED (Can be paid by Check or Money Order)					
If the registered employee to be associated with this suboffice has not been previously registered, please also complete and attach the Employee Registration Card Application with payment. Payments may be combined or made separately.					
\$10.00 Sub-Office License				Enter Total Fee enclosed	
INSURANCE INFORMATION					
The license can not be issued without proof of insurance.				<input type="checkbox"/> Attached <input type="checkbox"/> Submitted separately	
APPLICANT AND HEAD OFFICE DCO INFORMATION					
I hereby certify that the information given in this application is true and correct.					
Signature of Applicant			Date		
Signature of Designated Certified Operator(s)			Date	Certification #	
FOR OFFICIAL USE ONLY					
Signature of Chairman of Structural Pest Control Commission		Date	<input type="checkbox"/> Approved <input type="checkbox"/> Denied:		
Approved Pending					
<input type="checkbox"/> Insurance submission/verification		<input type="checkbox"/> Payment of Fees		<input type="checkbox"/> Complete Information (Email, phone number, etc.)	
<input type="checkbox"/> Other:					