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. Applicants should include their 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.

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 ID 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 DUE

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 Office.

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	
Voucher	
Amount	$

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.

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

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 DUE (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.	☐ Attached	☐ 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 #

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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.)

☐ Other: