## GEORGIA STRUCTURAL PEST CONTROL COMMISSION AGRICULTURE BUILDING 19 MARTIN LUTHER KING JR DRIVE, ROOM 411 ATLANTA, GA 30334

## CERTIFICATION APPLICATION FOR HONEYBEE CONTROL AND REMOVAL

Instructions for Completing the Certification Application for Honeybee Control and Removal

- 1. The evaluation of this application by the Georgia Structural Pest Control Commission will be based on the information contained in this document and the supporting information provided with this application.
- 2. Applicant must provide the Commission with satisfactory evidence of his or her qualifications per Rule 620-9-.02 of the Rules of the Structural Pest Control Commission.
- 3. Complete application form. The form must be typed or neatly printed and submitted within 90 days of passing the Honeybee Control and Removal state examination.
- 4. Submit verification of completing the eight (8) hours of classroom training.
- 5. Participation and documentation of a minimum of three (3) honeybee removal jobs.
- 6. A score of at least (70) percent on the state examination. Certificate of Examination must be submitted with this application.
- 7. Payment of operator certification fee in the form of a check or money order in the amount of \$100 payable to the Georgia Department of Agriculture.
- 8. Failure to comply with all of these requirements will be grounds for rejection of this application.
- 9. Mail the application, supporting documents, and certification fee to the address at the top of this application.

Name:			Date:	
Address:				
Phono:			State	
Phone: Email Address:				
Date of passing the Honeybee Con				
Do you currently hold a pest contro	ol certification in Geo	orgia? If yes, Catego	oryCerti	fication #
Do you currently hold certification	in another state? No	Yes If yes, att	ach a copy of certifi	cation or license.
EMPLOYER INFORMATION				
Name:		Pos	Position:	
Address:		City	State	Zip
Phone:	Fmail·			•
CLASSROOM TRAINING INFORMA	TION (attach training re	cord)		
Applicant must include verification of com by a currently Certified Honeybee Control				
competent to deliver training in the areas				
Name of Training Spancar:				
Name of Training Sponsor:				<del></del>

## **EXPERIENCE RECORD**

## 1. DESCRIBE AT LEAST 3 HONEYBEE REMOVAL JOBS YOU HAVE PARTICIPATED IN.

- Include date and removal type.
   Address of the location where the honeybee removal was located.
   Phone number of the property owner
   Brief description of the honeybee removal.

Date of Honeybee Removal			
Type of Honeybee Removal			
Address of Removal			
City			
Phone Number of Property Owner			
Brief Description of Removal			
Date of Honeybee Removal			
Type of Honeybee Removal			
Address of Removal			
City			· · · · · · · · · · · · · · · · · · ·
Phone Number of Property Owner			
Brief Description of Removal			
Date of Honeybee Removal			
Type of Honeybee Removal			
Address of Removal			
City	State	Zip	
Phone Number of Property Owner			
Brief Description of Removal			

Date of Honeybee Removal	
Type of Honeybee Removal	
Address of Removal	
City State Zip	
Phone Number of Property Owner	
Brief Description of Removal	
Do you currently hold an Employee Registration Card from a licensed Georgia pest control compa	ıny?
Yes No If Yes, list the company	
Have you lost certification in Household Pest Control, Wood Destroying Organisms or Fumigation	in Georgia?
Yes No	-
If Yes, reason for losing certification	
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The Georgia Department of Agriculture is required by O.C.G.A. § 50-36-1 to verify citizenship/immig public benefits issued. All public benefits are defined in the law as certifications, licenses, registratic new and renewal licenses are required to complete a notarized affidavit and provide one form of ac documentation as defined in O.C.G.A. § 50-36-1. As directed by law, GDA will utilize the Federal Sy Verification for Entitlements (SAVE) program operated by the United States Department of Homeland	ons, state grant, etc. All ceptable ystematic Alien
Please notify us if you have previously submitted an affidavit and one acceptable document for any card issued by the Georgia Department of Agriculture. This will allow us to search our databases are documentation for your new license and enable a better customer service experience.	
Visit <a href="www.agr.georgia.gov/verification-of-lawful-presence">www.agr.georgia.gov/verification-of-lawful-presence</a> for more information and to access the affia acceptable identification documents.	davit and list of
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Questions? Call the Georgia Department of Agriculture, Structural Pest Division at 404-656-3641 or <a href="mailto:pest@agr.georgia.gov">pest@agr.georgia.gov</a> or visit <a href="mailto:www.agr.georgia.gov">www.agr.georgia.gov</a> .	send an email to
ADDITIONAL REMARKS OR EXPLANATIONS	

	AFFIDAVIT
State of	
County of	
I have read the above application and	ar and affirm that I am the applicant named in this application. It statements contained therein, and the same are true to the ave never been convicted of any crime involving moral
	Signature of Applicant
Subscribed and sworn before me this	day of
	Notary Public
(Notary Seal)	My Commission Expires

SPCC: 22-03 HBR Certification Application Issued 07-01-22