



INSTRUCTIONS FOR COMPLETING THE COMPANY LICENSE APPLICATION

APPLICANT INFORMATION

This person might be the same person as the designated certified operator.

COMPANY INFORMATION

You may submit more than one company name to be considered. 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).

LICENSE INFORMATION

Check the appropriate box for the operational categories of structural pest control and type of license. 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. A Designated Certified Operator is a person who is currently certified in one or more of the Structural Pest Control categories and has been designated by a licensee as being responsible for the pest control and reporting activities of licensee in the category(ies) in which operator is certified.

FEES SUBMITTED

Fees required are listed on the application. Be sure to indicate the amount paid and to include a check or money order for the correct amount. Applications received without payments will be returned.

INSURANCE INFORMATION

The license will not be issued without proof of insurance. The insurance form must have the approved company name. A company representative must complete the form, and it can be mailed or faxed to the Structural Pest Control Office.

APPLICANT AND DESIGNATED CERTIFIED OPERATOR

All applicable individuals must sign 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.

Georgia Department of Agriculture
 Structural Pest Control Section
 19 Martin Luther King, Jr. Drive, Room 411
 Atlanta, Georgia 30334-4201

APPLICATION FOR STRUCTURAL PEST CONTROL COMPANY LICENSE			Official Use Only	
			Voucher	
			Amount	\$
APPLICANT INFORMATION				
Applicant's Name				
COMPANY INFORMATION				
Company Name			County	
Street Address		Mailing Address (if different from street Address)		
City	State	Zip	City	State Zip
Telephone Number		Fax Number		
Website		Email		
License Information				
Check license categories	Fumigation (28)	Household Pest (29)	Wood-destroying Organism (30)	
Designated Certified Operator(s)	Name	Name	Name	
	Certification #	Certification #	Certification #	
Type of License (check one)	Company License	Sub-Office License	Main Office License Number	
Fees Submitted (Can be paid by Check or Money Order)				
\$10.00 for each Employee Registration (Employees who have taken and passed the registration exam, excluding certified operators). Complete and attach the Application for Employee Registration Cards.				
\$100.00 Company License Fee	\$70.00 Research Fee	\$10.00 Sub-Office License	Enter Total Fee enclosed	
INSURANCE INFORMATION				
The license can not be issued without proof of insurance. Insurance Form must be completed by an insurance agent.			Attached	Submitted separately
APPLICANT AND DESIGNATED CERTIFIED OPERATOR				
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 #
Signature of Chairman of Structural Pest Control Commission		Date	No	Yes/Pending