NOTIFICATION TO CHANGE LICENSEE FORM

Use when the status of a company changes, for example, when the company or accounts are sold or the company is no longer operating in the business of Structural Pest Control.

Company License Number ______________________ Date___________________________

Company Name______________________________________________________________

Which describes the situation (check which applies):

_____ The company is no longer in business – close of business date :______________

 OR

_____ The company and/or accounts have been sold to a new owner/Licensee.

Company Name __________________________________ License Number __________

Owner/Licensee Name__________________________________________________________

Submitted and Signed by ______________________________________________________

E-mail address: ________________________________________________________________

Submit this form by mail, fax or e-mail (pest@agr.georgia.gov)

Additional Remarks:

____________________________________________________________________________

In accordance to Chapter 620-3.02(8)(g), the licensee shall notify the Department in writing, within ten days of any change of address or closing of any office.