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.
**APPLICATION FOR STRUCTURAL PEST CONTROL COMPANY LICENSE**

**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.

<table>
<thead>
<tr>
<th>Company License Fee</th>
<th>Research Fee</th>
<th>Sub-Office License Fee</th>
<th>Total Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>$100.00</td>
<td>$70.00</td>
<td>$10.00</td>
<td>Enter Total Fee enclosed</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Signature of Applicant</th>
<th>Date</th>
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</table>

<table>
<thead>
<tr>
<th>Signature of Designated Certified Operator(s)</th>
<th>Date</th>
<th>Certification #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature of Chairman of Structural Pest Control Commission</th>
<th>Date</th>
<th>No</th>
<th>Yes/Pending</th>
</tr>
</thead>
</table>