

**GEORGIA STRUCTURAL PEST CONTROL COMMISSION  
AGRICULTURE BUILDING  
244 WASHINGTON ST SW, ROOM G007  
ATLANTA, GA 30334**

**CERTIFICATION APPLICATION FOR HONEY BEE CONTROL AND REMOVAL**

Instructions for Completing the Certification Application for Honey Bee 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 Honey Bee 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) honey bee 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.

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**APPLICANT INFORMATION**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
City State Zip

**Phone:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Drivers License/ID:** \_\_\_\_\_

**Date of passing the Honey Bee Control and Removal Exam** (attach certificate) \_\_\_\_\_

**Do you currently hold a pest control certification in Georgia? If yes, Category** \_\_\_\_\_ **Certification #** \_\_\_\_\_

**Do you currently hold certification in another state?** No Yes *If yes, attach a copy of certification or license.*

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**EMPLOYER INFORMATION**

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
City State Zip

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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**CLASSROOM TRAINING INFORMATION** (attach training record)

Applicant must include verification of completion of eight (8) hours of classroom training approved by the Commission and presented by a currently Certified Honey Bee Control and Removal Operator or other person whom the Commission has determined to be competent to deliver training in the areas noted in Rule 620-9-.02(6)b of the Rules of the Georgia Structural Pest Control Commission.

**Name of Training Sponsor:** \_\_\_\_\_

**Training Location:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

# EXPERIENCE RECORD

1. **DESCRIBE AT LEAST 3 HONEY BEE REMOVAL JOBS YOU HAVE PARTICIPATED IN.**
2. Include date and removal type.
3. Address of the location where the honey bee removal was located.
4. Phone number of the property owner
5. Brief description of the honey bee removal.

Date of Honey Bee Removal _____
Type of Honey Bee Removal _____
Address of Removal _____
City _____ State _____ Zip _____
Phone Number of Property Owner _____
Brief Description of Removal _____
_____
_____

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Type of Honey Bee Removal _____
Address of Removal _____
City _____ State _____ Zip _____
Phone Number of Property Owner _____
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Brief Description of Removal _____
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AFFIDAVIT

State of \_\_\_\_\_

County of \_\_\_\_\_

I, the undersigned, do solemnly swear and affirm that I am the applicant named in this application. I have read the above application and statements contained therein, and the same are true to the best of my knowledge and belief. I have never been convicted of any crime involving moral turpitude.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Notary Seal)

My Commission Expires \_\_\_\_\_