Unlicensed Structural Pest Control Operator Notification Form

I would like to submit the following observations (which might include evidence such as photos, contracts, receipts, etc.) of what would appear to be unlicensed pest control operations to the Department. Send to pest@agr.georgia.gov or mail to address above.

Observations:  

__________________________________________________________________________________________

__________________________________________________________________________________________

____________________________________________________________________________

Date:_____________ Time:_____________

Location where activity observed: (if any)  

County:________________________

____________________________________________________________________________________

Street Address

City State Zip Code

Vehicle involved (if any)  

TAG:____________________(if not GA, indicate STATE_____)  
Indicate if vehicle displayed any markings/company name (if any)

____________________________________________________________________________

Indicate location where vehicle is parked/garaged (if known)

____________________________________________________________________________________

Make:_____________ Model:_______________ Color:_______________ Year:_____________

SUSPECTED CUSTOMERS (if any)

___________________________________________________________________________

___________________________________________________________________________

Street Address City State Zip Code

YOUR CONTACT INFORMATION

____________________________________________________________________________________

Contact telephone number

Name

Contact telephone number