INSTRUCTIONS FOR COMPLETING THE COMPANY LICENSE APPLICATION

APPLICANT INFORMATION
This person might be the same person as the certified honeybee control and removal 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
This license only allows for operation in category of Structural Pest Control Honeybee Removal pursuant to Chapter 620-9 Control and Removal of Honeybees from Structures. No pesticides can be used under this license. Certified Honeybee Control and Removal (HBR) Operator is a person who has satisfied the requirements for certification outlined in Rule 620-9-.02. If you already have a Structural Pest Control Company License in another category and would like to add HBR, please use the Add a Category Form from https://agr.georgia.gov/applications-forms.aspx.

FEES SUBMITTED
Fees required are listed on the application. Be sure the amount paid matches total fee enclosed box and to include a check, certified 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 and meet these minimum requirements: Bodily Injury – Any One Occurrence $50,000, Property Damage – Any One Occurrence $50,000, and Minimum Annual Aggregate $200,000. A company representative must complete the form, and it can be mailed, emailed (insurance@agr.georgia.gov) or faxed to the Structural Pest Division.

APPLICANT AND CERTIFIED HONEYBEE CONTROL AND REMOVAL 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.
HONEYBEE REMOVAL STRUCTURAL COMPANY LICENSE APPLICATION

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APPLICANT INFORMATION

Applicant's Name

COMPANY INFORMATION

Company Name

Company Name (2nd Choice)

Company Name (3rd Choice)

Street Address

Mailing Address (if different from street Address)

City

State

Zip

City

State

Zip

Telephone Number

Fax Number

Website

Email

LICENSE INFORMATION

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<th>License category</th>
<th>Honeybee Control and Removal</th>
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Certified Honeybee Control and Removal Operator

Name

Certification #

Type of License

Company License

FEES SUBMITTED (Can be paid by Certified Check or Money Order)

$100.00 Company License Fee

$70.00 Research Fee

Total Fee enclosed

$170.00

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 CERTIFIED HONEYBEE CONTROL AND REMOVAL OPERATOR

I hereby certify that the information given in this application is true and correct.

Signature of Applicant

Date

Signature of Certified Honeybee Control Removal Operator

Date

Certification #

Signature of Chairman of Structural Pest Control Commission

Date

SPS-22-01

Revised August 2022