



GEORGIA DEPARTMENT OF AGRICULTURE

TYLER J HARPER, COMMISSIONER

agr.georgia.gov

Structural Pest Division
pestapplications@agr.georgia.gov
Telephone: (404) 656-3641
Fax: (404) 463-6671

INSTRUCTIONS FOR COMPLETING THE COMPANY LICENSE APPLICATION

APPLICANT INFORMATION

This person might be the same person as the designated certified operator. Applicants should include their email for any follow-up questions concerning their application. The applicant must satisfy the Secure and Verifiable (S&V) Citizenship/Immigration status requirement by completing a [notarized affidavit](#) and providing a [supporting document](#) (e.g. a driver's license, military ID, passport). If you've already provided these documents for issuance of another GDA license you do not need to provide them again, just provide the license type and number they should be on file for.

COMPANY INFORMATION

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](#)). The SPCC also provides [Notice 17-01 Business Naming Policy](#) for further guidance. You may submit more than one company name for consideration. List your preferred company name first, followed by your other options in order of preference. The Commission will only review the list until the first sufficiently distinguishable name is approved.

LICENSE INFORMATION

Check the appropriate box for the operational categories of structural pest control and write in the DCO for each category. The same person may be DCO for multiple categories if they hold the appropriate certifications.

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. If you already have a Structural Pest Control Company License in another category, and would like to add another, please use the [Add a Category Form](#).

This application is for a Structural Pest Control Company License. To apply for a sub-office license, please use the [Sub-Office License Application](#). 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.

FEES DUE

Fees required are listed on the application. Payment can be included with the application if made by check, certified check, or money order for the correct amount. Payment can also be made online by credit card or ACH. If you'd like to pay online, please check the appropriate box on the application. A link to pay will be emailed after the application is approved.

Please note that Structural Pest Control Commission licenses, certifications, and registrations operate on a fixed, calendar year basis and expire June 30th of every odd numbered year. The Department is prohibited from prorating fees for mid-cycle applications and from issuing fee refunds. Please apply accordingly.

INSURANCE INFORMATION

The license will not be issued without proof of insurance. The [Insurance Form](#) must have the approved company name. An authorized representative must complete the form, and it can be mailed or emailed (insurance@agr.georgia.gov) to the Structural Pest Division Office.

APPLICANT AND DESIGNATED CERTIFIED OPERATOR

All applicable individuals must sign the 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.

STRUCTURAL PEST CONTROL COMPANY LICENSE APPLICATION				FOR OFFICIAL USE ONLY	
Georgia Department of Agriculture Structural Pest Control Division 244 Washington St. SW, Room G007 Atlanta, GA 30334-4201 pestapplications@agr.georgia.gov		<i>Please ensure you have read the instructions on page 1 before submitting your application. Completed applications and payment may be mailed to the GDA address provided or submitted by email and paid online.</i>		Voucher	
				Amount	\$
APPLICANT INFORMATION					
Applicant's Name			Applicant's Contact Email		
Applicant must complete S&V Citizenship/Immigration status requirement . If you've completed S&Vs before, please provide:			License Type	License Number	
COMPANY INFORMATION					
<i>Additional alternate company names may be attached as a separate document. Please see Chapter 620-2.01 of the Rules of the Georgia Structural Pest Control Act or Notice 17-01: Business Naming Policy for more information.</i>					
Requested Company Name			Alternate Company Name (if requested name is not available)		
<i>All information is required in the section below. Blanks may cause your application to be rejected.</i>			<i>Information in the section below is required if applicable.</i>		
Street Address		County	Mailing Address (if different from street Address)		
City	State	Zip	City	State	Zip
Telephone Number			Fax Number		
Email			Website		
LICENSE INFORMATION					
License Categories (check all that apply)		Name of Designated Certified Operator for each category		DCO's Certification Number	
<input type="checkbox"/> Fumigation (28)		Name of FUM certified DCO		SP Number	
<input type="checkbox"/> Household Pest Control (29)		Name of HPC certified DCO		SP Number	
<input type="checkbox"/> Wood-Destroying Organism (30)		Name of WDO certified DCO		SP Number	
FEES DUE (Can be paid by check, money order, or online)					
\$170.00 (Includes \$100.00 Company License Fee & required \$70.00 Research Fee)			<input type="checkbox"/> Attached	<input type="checkbox"/> Pay Online	<i>Payment link emailed if approved</i>
INSURANCE INFORMATION					
The license can not be issued without proof of insurance.			<input type="checkbox"/> Attached	<input type="checkbox"/> Submitted separately	
APPLICANT AND DESIGNATED CERTIFIED OPERATOR					
I hereby certify that the information given in this application is true and correct.					
Signature of Applicant			Date		
Signature of Designated Certified Operator(s)			Date	Certification #	
FOR OFFICIAL USE ONLY					
Signature of Chairman of Structural Pest Control Commission		Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied:	
Approved Pending <input type="checkbox"/> Insurance submission/verification <input type="checkbox"/> Payment of Fees <input type="checkbox"/> Complete Information (Email, phone number, etc.) <input type="checkbox"/> New Company Name <input type="checkbox"/> Other:					