

**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.

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.*

EMPLOYER INFORMATION

Name: _____ **Position:** _____

Address: _____
City State Zip

Phone: _____ **Email:** _____

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 _____

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 _____

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 _____

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 _____

Do you currently hold an Employee Registration Card from a licensed Georgia pest control company?

No Yes If Yes, list the company _____

Have you lost certification in Household Pest Control, Wood Destroying Organisms or Fumigation in Georgia?

No Yes

If Yes, reason for losing certification _____

The Georgia Department of Agriculture is required by O.C.G.A. § 50-36-1 to verify citizenship/immigration status for all public benefits issued. All public benefits are defined in the law as certifications, licenses, registrations, state grant, etc. All new and renewal licenses are required to complete a notarized affidavit and provide one form of acceptable documentation as defined in O.C.G.A. § 50-36-1. As directed by law, GDA will utilize the Federal Systematic Alien Verification for Entitlements (SAVE) program operated by the United States Department of Homeland Security

Please notify us if you have previously submitted an affidavit and one acceptable document for any other license or GATE card issued by the Georgia Department of Agriculture. This will allow us to search our databases and upload the required documentation for your new license and enable a better customer service experience.

Visit www.agr.georgia.gov/verification-of-lawful-presence for more information and to access the affidavit and list of acceptable identification documents.

[illegible]

Questions? Call the Georgia Department of Agriculture, Structural Pest Division at 404-656-3641 or send an email to pest@agr.georgia.gov or visit www.agr.georgia.gov.

ADDITIONAL REMARKS OR EXPLANATIONS

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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 _____