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.

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)

______________________________________________________________________________

Name of Individual(s)                         Contact telephone number

______________________________________________________________________________

Street Address                          City                               State                               Zip Code

YOUR CONTACT INFORMATION

______________________________________________________________________________

Name                         Contact telephone number