

APPLICATION FOR PESTICIDE CERTIFICATION EXAM

IMPORTANT INSTRUCTIONS:

1. Type or print clearly
2. Use 1 space for each letter or number
3. Always start in leftmost space
4. Put a blank space between each word
5. Complete **entire** form (both sides, including signature)
6. Incomplete forms will be rejected

EXAM APPLICANT'S NAME AND ID INFORMATION

FIRST NAME MI LAST NAME JR, SR, II etc.

BIRTH DATE → Mo. Day Year LAST 4 NUMBERS OF SSN

EXAM APPLICANT'S MAILING ADDRESS

OPTIONAL ADDRESS LINE (For a business name, apartment complex name, etc)

STREET OR BOX #

CITY STATE ZIP CODE

TELEPHONE # AND PERSONAL IDENTIFICATION INFORMATION

HOME PHONE # → Area Code Number SEX → M or F EYE COLOR HEIGHT → Feet Inches

EXAM CHOICES

Place an 'X' in the box next to the exams you want to take (maximum of 3)

COMMERCIAL CORE DEALER PRIVATE APPLICATOR

*****COMMERCIAL CATEGORY EXAMS*****

1A-AGRICULTURAL PLANT 7A-GENERAL & HOUSEHOLD PEST 8C-CAMPGROUND

1B-AGRICULTURAL ANIMAL 7B-TERMITES & OTHER WOOD DESTROYING INSECTS 8D-COOLING WATER

2-FOREST 7C-FUMIGATION 8E-SEWER LINE ROOT CONTROL

3A-ORNAMENTALS 7D-FOOD PROCESSING 8F-PET GROOMING

3B-TURF 7E-WOOD PRESERVING 9-REGULATORY

3C-INTERIOR PLANTSCAPE 7F-ANTIFOULANTS 10-DEMONSTRATION & RESEARCH

4-SEED TREATMENT 8A-GENERAL PUBLIC HEALTH 11-AERIAL

5-AQUATIC 8B-MOSQUITO 12A-WATER SANITIZATION

6B-RIGHT-OF-WAY 12B-STERILIZATION

EXAM SCHEDULING CHOICES (From 'CERTIFICATION EXAM SCHEDULE')

Must choose 3 different dates!

*****FIRST CHOICE***** *****SECOND CHOICE***** *****THIRD CHOICE*****

SITE CODE MO. DAY YEAR SITE CODE MO. DAY YEAR SITE CODE MO. DAY YEAR

ATTENTION: YOU MUST COMPLETE THE OTHER SIDE OF THIS FORM!

OFFICE USE ONLY

MO. DAY YEAR EXAM SITE EXAM & TIME NO SHOW EXAM & TIME NO SHOW EXAM & TIME NO SHOW

DATE ASSIGNED DATE REASSIGNED

EtO WAIVER → RECIPROCAL → RECIPROCAL STATE → FEE BATCH # →

EMPLOYER NAME AND TELEPHONE NUMBER

IF YOUR EMPLOYER IS A LICENSED PESTICIDE APPLICATOR BUSINESS OR PESTICIDE DEALER BUSINESS, PLEASE FILL IN THE BUSINESS LICENSE NUMBER HERE →

IN ALL CASES, PROVIDE ALL OF THE FOLLOWING INFORMATION

EMPLOYER NAME OR BUSINESS NAME (pesticide use-related only) IF NO CURRENT EMPLOYER OR BUSINESS, FILL IN YOUR NAME

EMPLOYER OR BUSINESS TELEPHONE # → Area Code Number IF NO CURRENT EMPLOYER OR BUSINESS, FILL IN HOME PHONE #

EMPLOYER OR BUSINESS MAIL ADDRESS

IF NO CURRENT EMPLOYER OR BUSINESS, FILL IN HOME MAIL ADDRESS

STREET OR BOX #

CITY STATE ZIP CODE COUNTY ← USE COUNTY CODE BELOW

EMPLOYER OR BUSINESS PHYSICAL ADDRESS

IF NO CURRENT EMPLOYER OR BUSINESS, FILL IN HOME PHYSICAL ADDRESS

STREET

CITY STATE ZIP CODE COUNTY ← USE COUNTY CODE BELOW

SIGNATURE BOX

SIGNATURE OF EXAM APPLICANT → _____

EXAM APPLICATION FORM WILL BE REJECTED WITHOUT THIS SIGNATURE!!

NOTE: Providing false or misleading information on this form will result in denial or revocation of your certification and licensing.

COUNTY CODES

- 01 - Atlantic County
- 02 - Bergen County
- 03 - Burlington County
- 04 - Camden County
- 05 - Cape May County
- 06 - Cumberland County
- 07 - Essex County
- 08 - Gloucester County
- 09 - Hudson County
- 10 - Hunterdon County
- 11 - Mercer County
- 12 - Middlesex County
- 13 - Monmouth County
- 14 - Morris County
- 15 - Ocean County
- 16 - Passaic County
- 17 - Salem County
- 18 - Somerset County
- 19 - Sussex County
- 20 - Union County
- 21 - Warren County
- 22 - Out of State

Richard J. Codey
Acting Governor

State of New Jersey
Department of Environmental Protection

Bradley M. Campbell
Commissioner

Pesticide Control Program
PO Box 411
Trenton, NJ 08625-0411

COMMERCIAL PESTICIDE APPLICATOR
CATEGORY TRAINING VERIFICATION FORM

PLEASE CHECK APPROPRIATE BOX BELOW:

- YES, I HAVE COMPLETED THE 40 HOURS OF "ON THE JOB TRAINING" AND HAVE PERFORMED/WITNESSED THE MINIMUM NUMBER OF PESTICIDE APPLICATIONS REQUIRED BY NJAC 7:30-6.2. LIST CATEGORIES TRAINED IN BELOW:

- NO, I HAVE NOT COMPLETED THE 40 HOURS OF "ON-THE-JOB-TRAINING" BECAUSE IT IS NOT AVAILABLE. (Note: You may not use this option for categories 3A, 3B, 7A & 7B. Please see Notice and Category-Training Course List for these categories.)

Please explain below why training is not available:

APPLICANT'S NAME (print): _____

APPLICANT'S SIGNATURE: _____ DATE: _____

TRAINER: By signing below, I verify that the above named person completed 40 hours of on-the-job-training in the categories listed above as required by N.J.A.C. 7:30-6.2.

TRAINER'S NAME (print): _____

TRAINER'S PESTICIDE APPLICATOR LICENSE #: _____

TRAINER'S SIGNATURE: _____ DATE: _____

Note: This form is for Commercial Pesticide Applicator licensing only. Please do not submit with Commercial Pesticide Operator application forms.

Richard J. Codey
Acting Governor

State of New Jersey
Department of Environmental Protection

Bradley M. Campbell
Commissioner

Pesticide Control Program
PO Box 411
Trenton, NJ 08625-0411

“AFFIDAVIT”

I the undersigned attest that I have the required one-year of work experience in the following pesticide certification categories:

Upon this Department’s request, copies of my pesticide application records, employer’s statements and any other proof as deemed necessary by the Department will be provided.

I hereby swear/affirm that the aforementioned statement is true to the best of my knowledge:

Print name: _____

Signature: _____ *Date:* _____

Please Note: Only complete this affidavit if you have at least one year of work experience in the categories you are applying for. **Do not send in the “Category Training Verification Form” when using this affidavit.**