

Pesticide Control Program  
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**ANSWER SHEET**

**STATE OF NEW JERSEY EXAMINATION  
FOR  
RECIPROCAL PESTICIDE APPLICATOR/DEALER and EtO WAIVER EXAMS**

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Completely fill in correct answer. Example: 1. (●) (B) (C)

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|-----------------|-----------------|-----------------|-----------------|
| 1. (A) (B) (C)  | 11. (A) (B) (C) | 21. (A) (B) (C) | 31. (A) (B) (C) |
| 2. (A) (B) (C)  | 12. (A) (B) (C) | 22. (A) (B) (C) | 32. (A) (B) (C) |
| 3. (A) (B) (C)  | 13. (A) (B) (C) | 23. (A) (B) (C) | 33. (A) (B) (C) |
| 4. (A) (B) (C)  | 14. (A) (B) (C) | 24. (A) (B) (C) | 34. (A) (B) (C) |
| 5. (A) (B) (C)  | 15. (A) (B) (C) | 25. (A) (B) (C) | 35. (A) (B) (C) |
| 6. (A) (B) (C)  | 16. (A) (B) (C) | 26. (A) (B) (C) | 36. (A) (B) (C) |
| 7. (A) (B) (C)  | 17. (A) (B) (C) | 27. (A) (B) (C) | 37. (A) (B) (C) |
| 8. (A) (B) (C)  | 18. (A) (B) (C) | 28. (A) (B) (C) | 38. (A) (B) (C) |
| 9. (A) (B) (C)  | 19. (A) (B) (C) | 29. (A) (B) (C) | 39. (A) (B) (C) |
| 10. (A) (B) (C) | 20. (A) (B) (C) | 30. (A) (B) (C) | 40. (A) (B) (C) |

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**PLEASE CHECK BOX BELOW INDICATING EXAM YOU ARE TAKING:**

**CHECK ONE BOX ONLY:**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Commercial Applicator</b> (40 Questions) | <input type="checkbox"/> <b>Commercial Dealer</b> (30 Questions) |
| <input type="checkbox"/> <b>Private Applicator</b> (40 Questions)    | <input type="checkbox"/> <b>EtO Waiver</b> (30 Questions)        |

**Note:** Only complete the number of questions next to the exam you checked above.

**NAME:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
(print) (last four numbers only)

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_