

Jon S. Corzine
Governor

State of New Jersey
Department of Environmental Protection

Mark N. Mauriello
Acting Commissioner

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

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

List categories here: _____

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:

Pesticide Applicator or Operator License Number: _____ State Licensed In: _____

License Start Date: ____ / ____ / ____ License Expiration Date: ____ / ____ / ____

Print Name: _____

Signature: _____ Date: ____ / ____ / ____

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

THIS AFFIDAVIT IS ONLY TO BE USED IF YOU ARE TAKING A CATEGORY TEST

FOR THE CORE TEST, SUBMIT A BASIC TRAINING COURSE CERTIFICATE