****New Jersey Department of Environmental Protection

VPA-017

04/22

**Fill in if you have one:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NJ Pesticide Applicator

License #

Pesticide Licensing and Registrations, MC 401-04A

PO Box 420, Trenton, NJ 08625-0420

**Web page:** [**www.pcpnj.org**](http://www.pcpnj.org)

**APPLICATION FOR RECIPROCAL**

**PESTICIDE APPLICATOR & DEALER LICENSE**

*IMPORTANT INSTRUCTIONS:*

1. Complete entire form (both sides, including signature)

2. Please print neatly & clearly

3. Use 1 space for each letter or number

4. Attach a copy of your primary license

5. Include your completed answer sheet for the Reciprocal License Exam

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| **APPLICANT'S NAME AND ID INFORMATION**  FIRST NAME MI LAST NAME JR, SR, II etc.   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   Mo. Day Year LAST 4 NUMBERS E-MAIL ADDRESS  OF SSN   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | BIRTHDATE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | |
| **APPLICANT'S MAILING ADDRESS**  ADDRESS LINE 1 (For a business name, apartment complex name, etc.)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   ADDRESS LINE 2   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   CITY STATE ZIP CODE COUNTY   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Use Code on Back | | | | |
| **TELEPHONE # AND PERSONAL IDENTIFICATION INFORMATION**  Area Code Number M or F EYE COLOR Feet Inches   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | HOME PHONE # |  |  |  |  |  |  |  |  |  |  |  | SEX |  |  |  |  |  |  |  | HEIGHT |  |  |  |  | | | | |
| **NEW JERSEY CATEGORIES REQUESTED**  Check the box next to the categories reciprocated on your primary license. To determine if the State of New Jersey offers reciprocity with your primary licensing state, please review the “[**Reciprocity in New Jersey**](https://www.nj.gov/dep/enforcement/pcp/bpo/updated%20reciprocal%20chart%2003-25-2021.xlsx)” spreadsheet.     |  |  | | --- | --- | | PRIVATE APPLICATOR  1A-AGRICULTURAL PLANT  1B-AGRICULTURAL ANIMAL  2-FOREST  3A-ORNAMENTALS  3B-TURF  3C-INTERIOR PLANTSCAPE  4-SEED TREATMENT  5-AQUATIC  6B-RIGHT-OF-WAY  7A-GENERAL & HOUSEHOLD PEST  7B-TERMITES & OTHER WOOD DESTROYING INSECTS  7C-FUMIGATION  7D-FOOD PROCESSING | 7E-WOOD PRESERVING  7F-ANTIFOULANTS  8A-GENERAL PUBLIC HEALTH  8B-MOSQUITO  8C-CAMPGROUND  8D-COOLING WATER  8E-SEWER LINE ROOT CONTROL  8F-PET GROOMING  9-REGULATORY  10-DEMONSTRATION & RESEARCH  11-AERIAL  12A-WATER SANITIZATION  12B-STERILIZATION  13-IPM IN SCHOOLS  DEALER | | | | |
| **PRIMARY LICENSE INFORMATION**  **PRIMARY CERTIFICATION STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  RECIPROCAL LICENSES OBATINED IN OTHER STATES WILL NOT BE ACCEPTED  **ARE YOU APPLYING FOR RECERTICATION? YES NO**  **ARE YOU APPLYING TO ADD CATEGORIES TO YOUR NJ LICENSE THROUGH RECIPROCITY? YES NO** | | | |
| **EMPLOYER NAME AND TELEPHONE NUMBER**  IF YOUR EMPLOYER IS A LICENSED NJ 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 ‘NONE’.   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     Area Code Number   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | EMPLOYER OR BUSINESS TELEPHONE # |  |  |  |  |  |  |  |  |  |  |  | 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 APPLICANT**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **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** |