

State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

PESTICIDE LICENSING AND REGISTRATIONS

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HESHA L. WAY

Lt. Gøernor

CATEGORY TRAINING VERIFICATION FORM for COMMERCIAL PESTICIDE APPLICATORS

→ Use this form only when applying for a CATEGORY EXAM←

Training is **not** required if you are applying for an exam for recertification purposes or for Category 10 or 13. Please list below ONLY those categories in which you have been trained, and intend to add to your license through this exam process:

List Categories here:
PLEASE CHECK APPROPRIATE BOX BELOW: □ YES, I have completed the 40 hours of "On-The-Job Category Training" (OJT) with a Pesticide Applicator licensed in the category I wish to test in, and I have performed/witnessed the minimum number of pesticide applications required by NJAC 7:30-6.2 in that category. □ NO, I have not completed the 40 hours of "On-The-Job Category Training" (OJT) because it is NOT available to me. (Note: You may not use this option for categories 3A, 3B, 7A, 7B & 8B. You must take a training course in lieu of the 40 hours of OJT.)
Why Isn't Training Available To You?
Please check reason below:
☐ I am currently unemployed.
☐ I am starting a new business.
☐ I do not have a qualified trainer available.
Other reason:
APPLICANT'S NAME (print):
APPLICANT'S SIGNATURE: DATE:
TRAINER'S NAME (print):
TRAINER'S Pesticide Applicator License #:
DATES OF TRAINING:
TRAINER'S SIGNATURE: DATE:

- SUBMIT THIS FORM ONLY WITH THE APPLICATION FOR A <u>CATEGORY EXAM</u>.
- COMPLETE AFFADAVIT (VPE-001) IF YOU HAVE A MINIMUM OF ONE-YEAR WORK EXPERIENCE IN THE CATEGORY APPLIED FOR.
- OPERATORS CANNOT USE THE AFFIDAVIT FORM AS PROOF OF TRAINING.
- DO NOT COMPLETE THIS FORM WHEN USING THE AFFIDAVIT.

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