APPLICATION FOR PESTICIDE CERTIFICATION EXAM

**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. For Commercial Applicators, include proof of required training
5. No exam fee as of 8/1/08, UNLESS you did not show up for your previously scheduled exam – then a $50 sign-up fee

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>MI</th>
<th>LAST NAME</th>
<th>JR, SR, II etc.</th>
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<tr>
<th>BIRTH DATE</th>
<th>LAST 4 NUMBERS OF SSN</th>
<th>E-MAIL ADDRESS</th>
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**EXAM APPLICANT'S MAILING ADDRESS**

<table>
<thead>
<tr>
<th>ADDRESS LINE 1</th>
<th>ADDRESS LINE 2</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>COUNTY</th>
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<tr>
<th>TELEPHONE #</th>
<th>Area Code</th>
<th>Number</th>
<th>SEX</th>
<th>EYE COLOR</th>
<th>HEIGHT (Feet and Inches)</th>
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<tr>
<td>HOME PHONE</td>
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**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
- 1B-AGRICULTURAL ANIMAL
- 2-FOREST
- 3A-ORNAMENTALS
- 3B-TURF
- 3C-INTERIOR PLANTSCEAPE
- 4-SEED TREATMENT
- 5-AQUATIC
- 6B-RIGHT-OF-WAY
- 7A-GENERAL & HOUSEHOLD PEST
- 7B-TERMITES & OTHER WOOD
- 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

**EXAM SCHEDULING CHOICES** (From 'CERTIFICATION EXAM SCHEDULE')

- Must choose 3 different dates!

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<th>DAY</th>
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**ATTENTION: YOU MUST COMPLETE THE OTHER SIDE OF THIS FORM!**

**OFFICE USE ONLY**

| DATE ASSIGNED | EXAM SITE | EXAM & TIME | NO SHOW | EXAM & TIME | NO SHOW | EXAM & TIME | NO SHOW | 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 ‘NONE’.

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