

APPLICATION FOR PESTICIDE CERTIFICATION EXAM

Fill in if you have one

NJ Pesticide Applicator
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. 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

EXAM APPLICANT'S NAME AND ID INFORMATION

FIRST NAME MI LAST NAME JR, SR, II etc.
BIRTH DATE → Mo. Day Year LAST 4 NUMBERS OF SSN E-MAIL ADDRESS

EXAM 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

HOME PHONE # → Area Code Number SEX → M or F EYE COLOR HEIGHT → Feet Inches

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 7A-GENERAL & HOUSEHOLD PEST 8D-COOLING WATER
- 1B-AGRICULTURAL ANIMAL 7B-TERMITES & OTHER WOOD 8E-SEWER LINE ROOT CONTROL
- 2-FOREST 7C-FUMIGATION 8F-PET GROOMING
- 3A-ORNAMENTALS 7D-FOOD PROCESSING 9-REGULATORY
- 3B-TURF 7E-WOOD PRESERVING 10-DEMONSTRATION & RESEARCH
- 3C-INTERIOR PLANTSCAPE 7F-ANTIFOULANTS 11-AERIAL
- 4-SEED TREATMENT 8A-GENERAL PUBLIC HEALTH 12A-WATER SANITIZATION
- 5-AQUATIC 8B-MOSQUITO 12B-STERILIZATION
- 6B-RIGHT-OF-WAY 8C-CAMPGROUND 13-IPM IN SCHOOLS

EXAM SCHEDULING CHOICES (From 'CERTIFICATION EXAM SCHEDULE')

Must choose 3 different dates!

*****FIRST CHOICE***** *****SECOND CHOICE***** *****THIRD CHOICE*****
SITE CODE MO. DAY YEAR SITE CODE MO. DAY YEAR SITE CODE MO. DAY YEAR

ATTENTION: YOU MUST COMPLETE THE OTHER SIDE OF THIS FORM!

OFFICE USE ONLY

MO. DAY YEAR EXAM SITE EXAM & TIME NO SHOW EXAM & TIME NO SHOW EXAM & TIME NO SHOW
DATE ASSIGNED DATE REASSIGNED
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 |