

Fill in if you have one

NJ Pesticide Applicator  
License #

### 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

#### EXAM APPLICANT'S NAME AND ID INFORMATION

FIRST NAME MI LAST NAME JR, SR, II etc.

Mo. Day Year LAST 4 NUMBERS OF SSN E-MAIL ADDRESS

BIRTH DATE →

#### 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\*\*\*\*\*

<input type="checkbox"/> 1A-AGRICULTURAL PLANT	<input type="checkbox"/> 7A-GENERAL & HOUSEHOLD PEST	<input type="checkbox"/> 8D-COOLING WATER
<input type="checkbox"/> 1B-AGRICULTURAL ANIMAL	<input type="checkbox"/> 7B-TERMITES & OTHER WOOD Destroying Insects	<input type="checkbox"/> 8E-SEWER LINE ROOT CONTROL
<input type="checkbox"/> 2-FOREST	<input type="checkbox"/> 7C-FUMIGATION	<input type="checkbox"/> 8F-PET GROOMING
<input type="checkbox"/> 3A-ORNAMENTALS	<input type="checkbox"/> 7D-FOOD PROCESSING	<input type="checkbox"/> 9-REGULATORY
<input type="checkbox"/> 3B-TURF	<input type="checkbox"/> 7E-WOOD PRESERVING	<input type="checkbox"/> 10-DEMONSTRATION & RESEARCH
<input type="checkbox"/> 3C-INTERIOR PLANTSCAPE	<input type="checkbox"/> 7F-ANTIFOULANTS	<input type="checkbox"/> 11-AERIAL
<input type="checkbox"/> 4-SEED TREATMENT	<input type="checkbox"/> 8A-GENERAL PUBLIC HEALTH	<input type="checkbox"/> 12A-WATER SANITIZATION
<input type="checkbox"/> 5-AQUATIC	<input type="checkbox"/> 8B-MOSQUITO	<input type="checkbox"/> 12B-STERILIZATION
<input type="checkbox"/> 6B-RIGHT-OF-WAY	<input type="checkbox"/> 8C-CAMPGROUND	<input type="checkbox"/> 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	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
DATE REASSIGNED	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
Eto WAIVER →	<input type="checkbox"/>	RECIPROCAL →	<input type="checkbox"/>	RECIPROCAL STATE →	<input type="text"/>	FEE BATCH # →	<input type="text"/>			

**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
- 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