



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION PESTICIDE LICENSING AND REGISTRATIONS

401 East State Street

P.O. Box 420, Mail Code 401-04A

Trenton, New Jersey 08625-0420

Tel. (609) 984-6568 • Fax (609) 984-6555

www.pcpnj.org

PHILIP D. MURPHY

Governor

SHAWN M. LATOURETTE

Commissioner

SHEILA Y. OLIVER

Lt. Governor

“AFFIDAVIT”

THIS AFFIDAVIT IS ONLY TO BE USED IF YOU ARE TAKING A CATEGORY EXAM

I, the undersigned, attest that I have been previously certified as a Pesticide Applicator for a minimum of one year in the categories listed below:

List categories here:

Upon this Department’s request, copies of my pesticide application records, employer’s statements and any other proof as deemed necessary by the Department will be provided.

I hereby swear/affirm that the aforementioned statement is true to the best of my knowledge:

Pesticide Applicator License Number:

State Licensed In:

License Start Date:

/

/

License Expiration Date:

/

/

Print Name:

Signature:

Date:

/

/

Please Note: Only complete this affidavit if you have at least one year of verifiable work experience as a Pesticide Applicator in the categories for which you are applying. Do not send in the “Category Training Verification Form” when using this affidavit.

-PROOF OF TRAINING OR EXPERIENCE IS NOT NECESSARY FOR CATEGORIES 10 AND 13

-FOR THE CORE TEST, SUBMIT A BASIC TRAINING COURSE CERTIFICATE