New Jersey Department of Environmental Protection

**New Trainer Number**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE USE ONLY**

Pesticide Licensing and Registrations

[www.pcpnj.org](http://www.pcpnj.org)

**NEW JERSEY PESTICIDE TRAINER APPLICATION**

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| **First Name, Last Name, Middle Initial** | | **Pesticide Applicator License #** |
| **Email Address** | | |
| **CURRENT EMPLOYER INFORMATION** | | |
| **Name of Employer** | **Name of Branch** | |
| **Employer Physical Address** | **Branch Address (If Different)** | |
| **Employer Phone number** | **Branch Phone number** | |
| **TRAINER (APPLICANT) INFORMATION** | | |
| 1. **How many years have you held a New Jersey Pesticide Applicator License? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   **Is resume attached? Yes\_\_\_\_ No\_\_\_\_** | | |
| 1. **Has the NJDEP issued any violations to you related to the use of your Commercial Pesticide Applicator License?**  * **Yes, date(s) issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **No** | | |
| 1. ***Complete this section if you were licensed through a reciprocal agreement between New Jersey and another State***   **Please include a copy of the license. Copy enclosed? Yes\_\_\_\_ No\_\_\_\_**  **Primary licensing State’s contact information:**  **Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Web address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |

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| **COURSE INFORMATION** |
| 1. **List requested Certified Trainer courses. Basic Pesticide Safety Training \_\_\_\_ Category Training(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   **Please include specific content for each course. Presentation(s) included? Yes\_\_\_ No\_\_\_** |

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| 1. **If offering this training to multiple branches, attach a list of branch locations (addresses, phone numbers, and applicator business license numbers). Branch list enclosed? Yes\_\_\_\_ No\_\_\_\_** |
| * **I am submitting this application to recertify my trainer number.**   **Assigned Trainer Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Have changes been made to the presentation since your last submission? Yes\_\_\_\_ No\_\_\_\_** |
| **I certify that all information provided on this application and that all supporting documents submitted with this application are correct to the best of my knowledge. I understand that once I am assigned a certified trainer number no other individual is permitted to use the trainer number assigned to me.**  **Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**NJ PESTICIDE TRAINER CERTIFICATION APPLICATION INFORMATION & INSTRUCTIONS**

To ensure responsible and safe pesticide use, the Bureau of Pesticide Compliance and Enforcement must ensure that all individuals providing pesticide training and outreach to the regulated community have been fully vetted and meet the requirements of a Departmental-approved trainer. Please email your application and materials to [pestcertcourses@dep.nj.gov](mailto:pestcertcourses@dep.nj.gov).

**CERTIFIED TRAINER PREREQUISITES**

The applicant must hold a New Jersey Pesticide Applicator License and have a minimum of 5 years related work experience. Applicants with less than 5 years of work experience can substitute education on a year for year basis. Any additional work experience related to pesticides will be reviewed and considered as part of the application process, for applicants that do not meet the minimum 5 years work experience.

Applicants should not have any outstanding violations associated with their pesticide applicator license; any past violations must be fully resolved at the time of application. Outstanding violations will result in denial of the application.

**APPLICATION PROCESS**

An applicant must submit the following documents:

* A completed application
* Resume and/or copies of certifications and degrees held.
* A detailed course description; must include all subject matter covered. Separate course descriptions must be included for each certification category requested
* Copies of all presentation materials (PDF format preferred)
* If training will be offered at multiple branches of the same company, include a list of all branch locations, phone numbers and pesticide applicator business numbers for each branch.

**(Please note if there are multiple company branches with multiple trainers each trainer, must be vetted through the application process**)

* If licensing was obtained through reciprocity, a copy of your primary state license is also required.

**COURSE CONTENT**

Minimum course requirements include:

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| **Basic Pesticide Training Course** | **Category Courses** |
| Definition of Pests, Categories of Pests (weeds, invertebrates, vertebrates, plant diseases), Human Applied Controls, Modes of Action (How a Pesticide works), IPM, Federal Pesticide Laws, FIFRA, New Jersey State Regulations, Pesticide Classifications (General Use, State Restricted, Restricted Use), Pesticide Labelling, How to Read the Label, Signal words, Pesticide Registrations, Pesticide Toxicity (Acute/Chronic), Pesticide Exposure, Personal Protection Equipment (PPE), Pesticides in Environment, Pesticide Transportation, Pesticide Storage, Vehicle Maintenance, Equipment Maintenance, Reporting Spills, Emergency Response, Proper Mixing/Handling, Pesticide Application Procedures, Definition and Responsibility of a Pesticide Applicator, Definition and Responsibility of Pesticide Operator, Licensing Renewals, Recertification Requirements, Record Keeping, Pesticide Incompatibility, Beekeeper Notification, Worker Protection Standards (WPS) | Category Specific Pests, Identifying Pests, Location of Applications, New Jersey State Regulations, Federal Regulations, FIFRA, Pesticide labelling, IPM practices specific to category, Personal Protection Equipment (PPE), Pesticide Labeling, Pesticide mixing, Planning the application (Pesticide Selection, Application Considerations, Equipment Selection, Equipment Maintenance, Posting Application Restrictions, Avoiding Application Incompatibility, Category Specific Application procedures |

**TRAINER EXPIRATION AND RECERTIFICATION**

Certified Trainer course certificates expire on the same date that the category on the individual’s Pesticide Applicator License expires. At the end of a certification cycle, a trainer must re-apply for trainer certification by submitting a **Pesticide Trainer Certification** **Application** with all supporting documents for department review and approval.