****New Jersey Department of Environmental Protection

VPA-017

07/21

**Fill in if you have one:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NJ Pesticide Applicator

License #

Pesticide Licensing and Registrations, MC 401-04A

PO Box 420, Trenton, NJ 08625-0420

**Web page:** [**www.pcpnj.org**](http://www.pcpnj.org)

**APPLICATION FOR RECIPROCAL**

**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. Attach a copy of your primary license

5. Include your completed answer sheet for the Reciprocal License Exam

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| **APPLICANT'S NAME AND ID INFORMATION**FIRST NAME MI LAST NAME JR, SR, II etc.

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| **APPLICANT'S MAILING ADDRESS**ADDRESS LINE 1 (For a business name, apartment complex name, etc.)

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CITY STATE ZIP CODE COUNTY

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| **TELEPHONE # AND PERSONAL IDENTIFICATION INFORMATION** Area Code Number M or F EYE COLOR Feet Inches

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| **NEW JERSEY CATEGORIES REQUESTED**Check the box next to the categories reciprocated on your primary license. To determine if the State of New Jersey offers reciprocity with your primary licensing state, please review the “[**Reciprocity in New Jersey**](https://www.nj.gov/dep/enforcement/pcp/bpo/updated%20reciprocal%20chart%2003-25-2021.xlsx)” spreadsheet.

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| [ ] PRIVATE APPLICATOR [ ] 1A-AGRICULTURAL PLANT [ ] 1B-AGRICULTURAL ANIMAL [ ] 2-FOREST [ ] 3A-ORNAMENTALS [ ] 3B-TURF [ ] 3C-INTERIOR PLANTSCAPE [ ] 4-SEED TREATMENT [ ] 5-AQUATIC [ ] 6B-RIGHT-OF-WAY [ ] 7A-GENERAL & HOUSEHOLD PEST [ ] 7B-TERMITES & OTHER WOOD DESTROYING INSECTS[ ] 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 |

 |
| **PRIMARY LICENSE INFORMATION****PRIMARY CERTIFICATION STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**RECIPROCAL LICENSES OBATINED IN OTHER STATES WILL NOT BE ACCEPTED**ARE YOU APPLYING FOR RECERTICATION? YES NO****ARE YOU APPLYING TO ADD CATEGORIES TO YOUR NJ LICENSE THROUGH RECIPROCITY? YES NO**  |
| **EMPLOYER NAME AND TELEPHONE NUMBER**IF YOUR EMPLOYER IS A LICENSED NJ PESTICIDE APPLICATOR BUSINESS OR PESTICIDE DEALER BUSINESS, PLEASE FILL IN THE

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| 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’.

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  Area Code Number

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| EMPLOYER OR BUSINESS TELEPHONE # |  |  |  |  |  |  |  |  |  |  |  | IF NO CURRENT EMPLOYER OR BUSINESS, FILL IN HOME PHONE # |

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| **EMPLOYER OR BUSINESS MAIL ADDRESS**IF NO CURRENT EMPLOYER OR BUSINESS, FILL IN HOME MAIL ADDRESS STREET OR BOX #

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| **EMPLOYER OR BUSINESS PHYSICAL ADDRESS**IF NO CURRENT EMPLOYER OR BUSINESS, FILL IN HOME PHYSICAL ADDRESS STREET

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| **SIGNATURE BOX**  **SIGNATURE OF APPLICANT**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****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** |