



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

BUREAU OF PESTICIDE CONTROL

LICENSING & REGISTRATIONS

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PHILIP D. MURPHY

Governor

TAHESHA L. WAY

Lt. Governor

SHAWN M. LATOURETTE

Commissioner

COMMERCIAL PESTICIDE OPERATOR RESPONSIBLE CERTIFIED APPLICATOR CHANGE FORM

Date: _____

On _____ I, _____
date print name

Commercial Certified Pesticide Applicator License # _____

became the new Responsible Certified Applicator for the following Commercial Pesticide Operators:

	<u>Operator's Name</u>	<u>License #</u>
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____
6)	_____	_____
7)	_____	_____
8)	_____	_____
9)	_____	_____

Print name of applicator business or employer

applicator business license #
(leave blank if not an applicator business)

I am replacing the previous Responsible Certified Applicator, _____
print name & license #

Signature of **new** Responsible Certified Applicator