VPA-017 04/22

New Jersey Department of Environmental Protection Bureau of Pesticide Control, Licensing and Registrations MC 401-04A, PO Box 420, Trenton, NJ 08625-0420

Web page: www.pcpnj.org

NJ Pesticide Applicator License #

Fill in if you have one:

APPLICATION FOR RECIPROCAL PESTICIDE APPLICATOR & DEALER LICENSE

IMPORTANT INSTRUCTIONS:

1. Complete entire form (both sides, including

2. Please print neatly & clearly

3. Use 1 space for each letter or number

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

signature) 4. Attach a copy of you	r primary license
APPLICANT'S NAME AND ID INFORMATION	
FIRST NAME MI LAST NAME JR, SR, II etc.	
Mo. Day Year LAST 4 NUMBERS E-MAIL ADDRESS	
OF SSN	
BIRTHDATE	
APPLICANT'S MAILING ADDRESS	
ADDRESS LINE 1 (For Applicant's home address or PO Box)	
CITY STATE ZIP CODE COUNTY	
	Use
	Code
TELEPHONE # AND PERSONAL IDENTIFICATION INFORMATION	
Area Code Number	M or F EYE COLOR Feet Inches
HOME PHONE #	SEX HEIGHT
NEW JERSEY CATEGORIES REQUESTED	
Mark 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" spreadsheet.	
□PRIVATE APPLICATOR	□7E-WOOD PRESERVING
□1A-AGRICULTURAL PLANT	□7F-ANTIFOULANTS
□1B-AGRICULTURAL ANIMAL	□8A-GENERAL PUBLIC HEALTH
□2-FOREST	□8B-MOSQUITO
□3A-ORNAMENTALS	□8C-CAMPGROUND
□3B-TURF	□8D-COOLING WATER
□3C-INTERIOR PLANTSCAPE	□8E-SEWER LINE ROOT CONTROL
□4-SEED TREATMENT	□8F-PET GROOMING
□5-AQUATIC	□9-REGULATORY
□6B-RIGHT-OF-WAY	□10-DEMONSTRATION & RESEARCH
□7A-GENERAL & HOUSEHOLD PEST	□11-AERIAL
□7B-TERMITES & OTHER WOOD DESTROYING INSECTS	□12A-WATER SANITIZATION
□7C-FUMIGATION	□12B-STERILIZATION
□7D-FOOD PROCESSING	□13-IPM IN SCHOOLS
	□DEALER
PRIMARY LICENSE INFORMATION	
DDIMADY CEDTIFICATION CTATE.	
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

EMPLOYER NAME AND TELEPHONE NUMBER	
IF YOUR EMPLOYER IS A LICENSED NJ 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'.	
Area Code Number EMPLOYER OR BUSINESS IF ILL IN	
TELEPHONE # 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 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 08 - Gloucester County 15 - Ocean County	
02 - Bergen County 09 - Hudson County 16 - Passaic County 03 - Burlington County 10 - Hunterdon County 17 - Salem County	
04 - Camden County 11 - Mercer County 18 - Somerset County 05 - Cape May County 12 - Middlesex County 19 - Sussex County	
06 - Cumberland County 13 - Monmouth County 20 - Union County	
07 - Essex County 14 - Morris County 21 - Warren County 22 - Out of State	