

OFFICE USE ONLY	
_____	<input type="checkbox"/>
License #	GE?

**INITIAL APPLICATION FOR PESTICIDE OPERATOR LICENSING
BASIC PESTICIDE TRAINING VERIFICATION**

IMPORTANT INSTRUCTIONS:

1. Type or print clearly
2. Complete entire form (including signature if not sending in electronically)
3. Incomplete forms will be rejected

NOTE: Providing false or misleading information on this form may result in denial, suspension or revocation of your licensing.

PESTICIDE OPERATOR'S NAME AND PRIMARY ID INFORMATION			
First Name	MI	Last Name	Jr, Sr, II, etc.

Birth Date: month/ day /year	Last 4 Numbers of SSN		
_____	_____		
PESTICIDE OPERATOR'S HOME MAILING ADDRESS			
Optional Address Line 1 (For a business name, apartment complex name, etc.)			

Street or PO Box #			

City	State	Zip Code	County Code (see below)
_____	_____	_____	_____
TELEPHONE # AND PHYSICAL IDENTIFICATION INFORMATION			
Home Phone #: Area Code & Number	Sex: M or F	Eye Color	Height: Feet - Inches
_____	_____	_____	_____
EMPLOYER NAME AND TELEPHONE NUMBER			
If the employer is a licensed Pesticide Applicator Business, please fill in the business license # here (it begins with a '9') → _____			

Employer Name (pesticide use-related employer only)			

Employer Phone # (Area Code & Number): _____			
EMPLOYER MAIL ADDRESS (This is the address the license is mailed to)			
Street or PO Box #			

City	State	Zip Code	County Code (see below)
_____	_____	_____	_____
EMPLOYER PHYSICAL ADDRESS			
Street			

City	State	Zip Code	County Code (see below)
_____	_____	_____	_____
BASIC PESTICIDE TRAINING COURSE INFORMATION			
Trainer #:	Course Date (month/day/year) :		
_____	_____		
RESPONSIBLE CERTIFIED PESTICIDE APPLICATOR INFORMATION			
License # :	Print or Type First & Last Name:		
_____	_____		
REQUIRED SIGNATURES (If sending in electronically, the Responsible Certified Pesticide Applicator must enter their birth date & last four # of SSN)			
_____		_____	
Responsible Certified Pesticide Applicator		Pesticide Operator	
Send in proof of attendance at Basic Pesticide Training Course with this form			

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 - Outside of NJ