



Application for Pesticide Operator's Exam/Certification

DEP USE ONLY	
Certification No.:	_____
Form No.:	_____
Bank:	_____
Check No.:	_____
Amount:	_____
Date:	_____

Print or type unless otherwise noted. Retain a copy for your records.

You *must* present a Photo ID at the time of exam.

Part I: Applicant Information

1. Name and address of applicant (must be over 18 years of age):			
Name:		Date of Birth:	
Mailing Address:			
City/Town:	State:	Zip Code:	
Phone:	ext.	Fax:	
2. Name and address of company or government agency (if applicable):			
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.	Fax:	
E-Mail Address:			
Contact Person:	Title:		
<input type="checkbox"/> Check here if renewal is to be sent to company.			

Part II: Fee Information (The fee is waived for local, state, and federal government employees.)

Check the appropriate box:
<input type="checkbox"/> The application fee for the <i>Pesticide Operator's Certification</i> is waived . I am employed by a local, state, or federal government agency.
<input type="checkbox"/> The application fee for the <i>Pesticide Operator's Certification</i> is \$200.00 . Please make check or money order payable to the Department of Environmental Protection .

Part III: Certification of Accuracy

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6 of the General Statutes, pursuant to Section 53a-157b of the General Statutes, and in accordance with any other applicable statute."	
Signature of Applicant _____	Date _____

Mail completed application and fee (if applicable) to:

PESTICIDE MANAGEMENT PROGRAM
 BUREAU OF WASTE MANAGEMENT
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 79 ELM STREET
 HARTFORD, CT 06106-5127