

Examination Admission ticket - to take the Licensed Pesticide Application Business exam. Attach \$10.00 fee.

Social Security #

Current Certification #

Today's Date

Phone _____ Fax# _____

Your name

County

Your mailing address

Employed by

Your city, state & zip code

Signature

Please circle the location at which you would like to test. If you need directions to that office, please call their number, which is listed below.

Charleston — 304-558-2209
Beckley — 304-256-6783

Morgantown — 304-285-3215
Parkersburg — 304-420-4542

Milton — 304-743-5236
Inwood — 304-229-5828

FOR OFFICE USE ONLY

Your application to take the pesticide examination has **Not** been approved for the following reason:

Your application to take the pesticide examination has been approved.

You are scheduled at the location selected on _____
at 8:30 a.m. If you cannot test on this day you must call the Charleston office (304 558-2209) to reschedule. You may reschedule (at least 7 days prior to your test day) **only once**, then another application and fee is required. If you fail to report, your \$10.00 examination fee will be forfeited.

Complete & mail this application along with your fee (check or money order made payable to West Virginia Department of Agriculture) to: West Virginia Department of Agriculture, Pesticide Regulatory Programs, 1900 Kanawha Blvd., East, Charleston, WV 25305-0190.

********City, state or government employees are exempt from any fees.*******

You will receive your approved Admission ticket by mail to notifying you of the location and date you will test. You must take this admission ticket with you to the exam location!