



WEST VIRGINIA DEPARTMENT OF AGRICULTURE
Regulatory & Environmental Affairs Division
Pesticide Regulatory Programs Unit
1900 Kanawha Blvd., East,
Charleston, WV 25305-0190

For Office Use Only

Approved _____
Batch No. <u>142-</u> _____
Scheduled date _____
Location _____

APPLICATION FOR EXAMINATION

SECTION A: Experience Verification

I certify that _____ is/was employed
Name of Applicant

by _____ as a
Name of Business/Agency

pesticide applicator from _____ to _____ and qualifies for examination.

Please list applicant's specific pesticide application duties below: (use additional sheets if necessary)

This form must be signed by the person verifying the applicant's experience. THE APPLICANT MAY NOT SIGN HIS OR HER OWN EXPERIENCE FORM.

COMPANY/AGENCY
 NAME _____

SIGNATURE _____

Company Officer Supervisor Other _____

TELEPHONE NO. _____

NOTARIZATION:

State of _____
 County of _____ }SS:

The foregoing instrument was acknowledged before me this _____
Date

by _____
(name of person verifying applicant's experience)

My commission expires _____.

 Notary Public

SECTION B: Education Verification

A degree or academic certificate acceptable to the commissioner. In lieu of experience requirement, a degree or academic certificate in a biological field of study (i.e. biology, agronomy, horticulture, etc.), other education applicable to the area of certification.

A copy of the applicants transcript of courses or outline of the technical or professional training program must be submitted with this application.

SECTION C: Combination of Experience and Education Verification

Applicants who lack a full year's experience or a degree may submit copies of completion of training and proof of partial experience using Sections A & B. This information will be reviewed for consideration in fulfilling the education/experience requirements.

Applications must be completely filled out or they will be returned to applicants!

When completed, mail all of the application with your fee (check or money order made payable to: West Virginia Department of Agriculture) to the West Virginia Department of Agriculture, Pesticide Regulatory Programs, 190 Kanawha Blvd., East, Charleston WV 25305-0190.

You will receive your approved Admission ticket by mail notifying you as to your qualification and the location and date you will test. **You must take the admission ticket with you to the exam location.**

***FALSIFICATION OF THIS INFORMATION COULD LEAD TO REGULATORY ACTION.
False swearing is a FELONY.***

SECTION D: Examination Admission ticket.

Please return with a \$20.00 fee.

Social Security Number

Current WV Certification #

Today's Date

Phone _____ Fax# _____

Print your name on the line above

County

Print your mailing address on the line above

Employed by

Print your city, state & zip code on the line above

Signature

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

Charleston — 304-558-2209

Morgantown — 304-285-3215

Milton — 304-743-5236

Beckley — 304-256-6783

Parkersburg — 304-420-1026

Inwood — 304-229-5828

I need to take the exams circled below:

LPAB (Licensed Pesticide Application Business exam) - You need this IF you apply to the property of others for hire.

GS General Standards Examination -everyone must take this exam in addition to the category for the type of work you will perform.

1 - Agricultural Plant Pest Control

8A - General Pest

12 - Pesticide Storage & Distribution

2 - Agricultural Animal Pest Control

8B - Structural Pest

13A - Predator Control

3 - Forest Pest Control

8C - Fumigation

13B - Sewer Root Control

4A - Ornamental & Turf Outdoors

8D - Wood Treatment

13C - Hardwood Tree Release

4B - Ornamental Pest Control Indoors

8E - Urban IPM

13D - Mosquito Control

5 - Seed Treatment

9 - Public Health

13E - Black Fly Control

6 - Aquatic Pest Control

10 - Regulatory

11 - Demonstration & Research

7 - Right-of-Way/Industrial Weed

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) five days prior to your test day to reschedule. You may reschedule **only once**, then another application and fee is required. If you fail to report, your \$20.00 examination fee will be forfeited.

Complete & mail this application along with your \$20.00* 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 notify you of the location and date you will test. **You must take this admission ticket with you to the exam location.**

REVISED 04/2008