



Application for Pesticide Private Applicator's Examination

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

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

CPPU USE ONLY	
App #:	_____
Doc #:	_____
Check #:	_____
Program: Pesticide Management	

Part I: Applicant Information

1. Name of Applicant (must be over 18 years of age):		
Date of Birth:		
Mailing Address:		
City/Town:	State:	Zip Code:
Business Phone:	ext.:	Fax:
*E-mail:		
2. Name and Address of Farm or Business (if applicable):		
Name:		
Mailing Address:		
City/Town:	State:	Zip Code:
Business Phone:	ext.:	Fax:
Contact Person:	Title:	
*E-mail:		
*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.		

Part II: Fee Information

A fee of \$200 must be submitted with the application. [#920]
Please make check or money order payable to the Department of Energy and Environmental Protection.

Part III: Private Applicator Examination

1. Check the appropriate box(es) identifying the commodities to be covered by certification (check all that apply):

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Vegetable | <input type="checkbox"/> Christmas Tree | <input type="checkbox"/> Livestock |
| <input type="checkbox"/> Small Fruit | <input type="checkbox"/> Greenhouse | <input type="checkbox"/> Poultry |
| <input type="checkbox"/> Orchard | <input type="checkbox"/> Nursery | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Turf | <input type="checkbox"/> Dairy | <input type="checkbox"/> Mushroom |

Part IV: 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

Printed Name of Applicant

Title

Mail completed application and fee to:

CENTRAL PERMIT PROCESSING UNIT
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127