APPLICATION FOR EXAMINATION

SECTION A: EXPERIENCE VERIFICATION

I certify that ___________________________ is/was employed by ___________________________ as a pesticide applicator/distributor from ___________ to ___________ and qualifies for examination. Please list applicant's specific pesticide application/storage/distribution duties below: (Name of pesticide, how it was applied/stored/distributed; Applicators - List pests treated.) Use additional sheets if necessary.

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

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_____________________________________________________________________________________

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

COMPANY/AGENCY NAME: ______________________________________________________________

Signature: ____________________________________________ Telephone number: ________________

☐ Company Officer  ☐ Supervisor  ☐ Manager  ☐ Other ____________________________________________

NOTARIZATION:  STATE SEAL:

State of: __________________
County of: ________________

The foregoing instrument was acknowledged before me on: __________________ DATE

By: _______________________________________________ (Printed name of person verifying applicant's experience.)

Notary Signature: ____________________________________________ Notary Expiration: __________________
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.

I, __________________________________________, wish to use my education in __________________ to qualify for examination. A copy of my transcript of courses or outline of the technical or professional training program is enclosed 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.

This application must be fully completed or it will be returned!

Once completed, mail the application with the $20 exam 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

You will receive your approved and revised Admission Ticket by mail or email notifying you as to your qualification and the location and date you will test.

You must bring a copy of the revised Examination Admission ticket, along with a current photo identification, on the day of the exam.

FALSIFICATION OF THIS INFORMATION COULD LEAD TO REGULATORY ACTION. False swearing is a FELONY.
Your application to take the pesticide examination has been approved. You are scheduled at the location selected on _____________________________________________ at 8:30 am. If you cannot test on this day, you must call the Charleston office at (304) 558-2209 five days prior to your test date 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.

Please circle the location at which you would like to test. If you need directions, call 304-558-2209.

Charleston
Morgantown
Milton
Beckley
Parkersburg
Inwood

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
7 - Right-of-Way/Industrial Weed  11 - Demonstration & Research

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, Administrative Services Division, 1900 Kanawha Blvd., East, Charleston WV 25305-0190.  *City, state or government employees are exempt from any fees.

You must present a copy of the revised Examination Admission ticket, along with a current photo identification, on the day of the exam.

Revised 2/2018