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 number: _______________________________________________________

NOTARIZATION:

State of
County of }SS:

The foregoing instrument was acknowledged before me this ______________________
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.

| I (Name of Applicant) ___________________________________________ wish to use my education in (Field of study) __________________________ 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.

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, 1900 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.
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 — 304-561-8566  
Parkersburg — 304-424-3414  
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  
2. Agricultural Animal Pest Control  
3. Forest Pest Control  
4A. Ornamental & Turf Outdoors  
4B. Ornamental Pest Control Indoors  
5. Seed Treatment  
6. Aquatic Pest Control  
7. Right-of-Way/Industrial Weed  
8A. General Pest  
8B. Structural Pest  
8C. Fumigation  
8D. Wood Treatment  
8E. Urban IPM  
9. Public Health  
10. Regulatory  
11. Demonstration & Research  
12. Pesticide Storage& Distribution  
13A. Predator Control  
13B. Sewer Root Control  
13C. Hardwood Tree Release  
13D. Mosquito Control  
13E. Black Fly Control

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 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.**