



WEST VIRGINIA DEPARTMENT OF AGRICULTURE

Pesticide Regulatory Programs Unit
Regulatory & Environmental Affairs Division
1900 Kanawha Blvd., East
Charleston, WV 25305-0190

For Office Use Only

Approved _____

Batch No. 6888-9670

Scheduled date _____

Location _____

APPLICATION FOR EXAMINATION

SECTION A: EXPERIENCE VERIFICATION

I certify that _____ is/was employed by _____ as a
PRINTED NAME OF APPLICANT COMPANY NAME
pesticide applicator/distributor from _____ to _____ and qualifies for examination.
DATE DATE

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.**

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
APPLICANT NAME FIELD OF STUDY
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.

SECTION D: EXAMINATION ADMISSION TICKET**PLEASE RETURN WITH A \$20.00 EXAM FEE.**

_____ Social Security Number		_____ Current WV Certification #	_____ Today's Date
_____ Applicant Name		_____ Phone #	_____ Date of Birth
_____ Street Address		_____ Email	
_____ Suite/Apt	_____ County	_____ Company Name	
_____ City	_____ State	_____ Zip	_____ Signature of Applicant

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

_____ Charleston	_____ Morgantown	_____ Teays Valley
_____ 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. Agriculture Plant Pest Control | 8A General Standards | 10 Regulatory |
| 2. Agricultural Animal Pest Control | 8B Structural Pest | 11 Demonstration & Research |
| 3- Forest Pest Control | 8C General Fumigation | 12 Pesticide Storage & Distribution |
| 4. Ornamental & Turf | 8D Wood Preservation/
Wood Product Treatment | 13 Predator Control |
| 5. Seed Treatment | 8E Urban IPM | 14 Aerial Pest Control |
| 6. Right-of-Way/ Industrial Weed | 9 Public Health | 15 Sewer Root Control |

FOR OFFICE USE ONLY

Your application to take the pesticide examination has been approved. You are scheduled at the location selected on _____ at **8:30/ 9:00/ 9:30 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.**

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. Please send all *FedEx, UPS, or USPS overnight deliveries* to: WVDA – Pesticides, 281 Gus R. Douglass Lane, Charleston, WV 25312. You will receive your approved and revised Admission ticket *by email* to notify you of the location and test date.

YOU MUST PRESENT A COPY OF THE REVISED EXAMINATION ADMISSION TICKET, ALONG WITH A CURRENT PHOTO IDENTIFICATION, ON THE DAY OF THE EXAM.