Inwood

Private Applicator Exam Application — Please return with a \$20.00 fee.

Beckley

Social Security Number	Current WV Certification #	Today's Date	
	Phone:	Date of Birth:	
Print your name on the line above	County:		
Print your mailing address on the line above	e Email:		
Print your city, state & zip code on the line at	Signature:		
Examination application and admis	ssion ticket is for:		
16. Agriculture Pest Control (□Select one option below	<i>N</i>)		
Fruit and Nuts Livestock and Dairy Field and Forage Greenhouse and Nursery Forestry Poultry	photo identi licens	Please place a copy of current photo identification or driver's license in this box	
	ation		
se circle the location at which you	would like to test.		
Charleston	Morgantown	Teays Valley	

FOR OFFICE USE ONLY

Parkersburg

Your application to take the pesticide examination has been approved. You are scheduled at the location selected on ______ at 8:30 AM / 9:30 AM 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 are required. If you fail to report, your \$20.00 examination fee will be forfeited. * Your exam results are valid for 12 months. After 12 months your eligibility to apply for certification expires.

Complete and 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.

You will receive your approved Admission ticket by email to notify you of the location and date you will test. You must present a copy of the revised examination admission ticket, along with a current photo identification, on the day of the exam.