

Pesticide Control Program  
PO Box 411  
Trenton, NJ 08625-0411  
[www.pcpnj.org](http://www.pcpnj.org)

**CATEGORY TRAINING VERIFICATION FORM  
FOR  
COMMERCIAL PESTICIDE APPLICATORS**

*THIS FORM IS ONLY TO BE USED IF YOU ARE APPLYING FOR A CATEGORY TEST.  
FOR THE CORE TEST, SUBMIT A BASIC TRAINING COURSE CERTIFICATE.*

**PLEASE CHECK APPROPRIATE BOX BELOW:**

- YES, I HAVE COMPLETED THE 40 HOURS OF “ON THE JOB CATEGORY TRAINING” (OJT) AND HAVE PERFORMED/WITNESSED THE MINIMUM NUMBER OF PESTICIDE APPLICATIONS REQUIRED BY NJAC 7:30-6.2. **LIST CATEGORIES TRAINED IN BELOW:**

\_\_\_\_\_

- NO, I HAVE NOT COMPLETED THE 40 HOURS OF “ON-THE-JOB-CATEGORY TRAINING” BECAUSE IT IS NOT AVAILABLE. (Note: You may not use this option for categories 3A, 3B, 7A & 7B. You must take a training course in lieu of the 40 hours of OJT. Please see attached Category-Training Course list or visit our web site: [www.pcpnj.org](http://www.pcpnj.org) for course listings and information.)

**Please check the line below that best explains why training is not available to you:**

- \_\_\_ I am currently unemployed  
\_\_\_ I am starting a new business  
\_\_\_ I do not have a qualified trainer available

**Other:** \_\_\_\_\_  
\_\_\_\_\_

**APPLICANT’S NAME (print):** \_\_\_\_\_

**APPLICANT’S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TRAINER:** By signing below, I verify that the above named person completed 40 hours of on-the-job-training in the categories listed above as required by N.J.A.C. 7:30-6.2.

**TRAINER’S NAME (print):** \_\_\_\_\_

**TRAINER’S PESTICIDE APPLICATOR LICENSE #:** \_\_\_\_\_

**TRAINER’S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Note: This form is only for Commercial Pesticide Applicators.  
Do not submit with Commercial Pesticide Operator application forms.  
Forty hours of OJT is not required for Categories 10 and 13.**