



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION PESTICIDE LICENSING AND REGISTRATIONS

401 East State Street

P.O. Box 420, Mail Code 401-04A

Trenton, New Jersey 08625-0420

Tel. (609) 984-6568 • Fax (609) 984-6555

www.pcpnj.org

PHILIP D. MURPHY

Governor

SHAWN M. LATOURETTE

Commissioner

SHEILA Y. OLIVER

Lt. Governor

CATEGORY TRAINING VERIFICATION FORM *for* COMMERCIAL PESTICIDE APPLICATORS

→ Use this form only when applying for a CATEGORY EXAM ←

Training is **not** required if you are applying for an exam for recertification purposes or for Category 10 or 13. Please list below **ONLY** those categories in which you have been trained, and intend to add to your license through this exam process:

List Categories here: _____

PLEASE CHECK APPROPRIATE BOX BELOW:

- YES**, I have completed the 40 hours of "On-The-Job Category Training" (OJT) with a Pesticide Applicator licensed in the category I wish to test in, and I have performed/witnessed the minimum number of pesticide applications required by NJAC 7:30-6.2 in that category.
- NO**, I have not completed the 40 hours of "On-The-Job Category Training" (OJT) because it is NOT available to me. (**Note: You may not use this option for categories 3A, 3B, 7A, 7B & 8B.** You must take a training course in lieu of the 40 hours of OJT.)

Why Isn't Training Available To You?

Please check reason below:

- I am currently unemployed.
- I am starting a new business.
- I do not have a qualified trainer available.
- Other reason: _____

APPLICANT'S NAME (print): _____

APPLICANT'S SIGNATURE: _____ DATE: _____

TRAINER'S NAME (print): _____

TRAINER'S Pesticide Applicator License #: _____

TRAINER'S SIGNATURE: _____ DATE: _____

- SUBMIT THIS FORM ONLY WITH THE APPLICATION FOR A CATEGORY EXAM.
- COMPLETE AFFIDAVIT (VPE-001) IF YOU HAVE A MINIMUM OF ONE-YEAR WORK EXPERIENCE IN THE CATEGORY APPLIED FOR.
- OPERATORS CANNOT USE THE AFFIDAVIT FORM AS PROOF OF TRAINING.
- DO NOT COMPLETE THIS FORM WHEN USING THE AFFIDAVIT.