



Pesticide Certification Exam Registration Form

Complete the information below and return at least 10 days prior to your scheduled exam date. For help with your application visit www.dec.ny.gov/docs/materials_minerals_pdf/examregist.pdf for complete instructions.

SECTION 1	Last Name (as it appears on your NYSDMV ID)		MI	First Name		Date of Birth	
						/ /	
	Mailing Address (Number and street or PO Box)					Apt. No.	
	City			State	Zip Code	Daytime Phone	
						()	
	E-Mail			NYSDEC Pesticide Certification No. (if applicable)			
Have you ever been convicted of a felony?		Yes	_____	No	_____	(If yes, see the instructions, page 1)	

SECTION 2	Exam Options: (See instructions, page 1)						
	___ First time exam (Core & Category \$100)		___ Retest (\$100)		___ Re-certification (\$100)		
	___ Additional Category (\$100 per category)		Made payable to: NYSDEC				
	Choose the Core and/or Category exams you wish to take. (See instructions, page 1)						
	Private: _____ Core						
	___ 21 Field & Forage		___ 22 Fruit		___ 23 Vegetable		___ 24 Greenhouse & Florist
	___ 25 Nursery, Ornamentals & Turf			___ 31 Agricultural Animal		___ 41 Aquatic Pest	
	Commercial: _____ Core						
	___ 1A Agricultural Plant		___ 1B Agricultural Animal				
	___ 1C Companion Animal		___ 1D Fumigation of Soil & Ag Commodities				
___ 2 Forest		___ 3A Ornamental & Turf					
___ 3B Turf		___ 3C Interior Plant Maintenance					
___ 4 Seed Treatment		___ 5A Aquatic Vegetation					
___ 5B Aquatic Insect		___ 5C Aquatic Fish Control					
___ 5D Aquatic Anti-Fouling Paint		___ 5E Sewer Line Root Control					
___ 6A Rights-of-Way Vegetation Control			___ 6B Rights-of-Way In Place Pole Treatment				
___ 7A Structural & Rodent			___ 7B Fumigation				
___ 7C Termite			___ 7D Lumber & Wood Products				
___ 7F Food Processing			___ 7G Cooling Towers, Pulp & Paper				
___ 8 Public Health			___ 9 Regulatory				
___ 10 Demonstration & Research			___ 11 Aerial Pilot				
___ 12 Sales			___ 13 Aquatic Anti-fouling Paint Applicator				

SECTION 3	Exam Session: Enter the Location, Date and Time for the exam you wish to attend. (see instructions, page 2)						
	Exam schedule found at: www.dec.ny.gov/nyspad/ or by contacting your Regional DEC office.						
	Exam Location:						
Exam Date/Time(s):		1st Choice			2nd Choice		

Mail complete application, exam fee (payable to NYSDEC) and PROOF OF ELIGIBILITY at least 10 days prior to the scheduled exam date to the Regional office chosen for testing. If you have any additional questions or concerns regarding this form, please contact the Regional office for assistance.