

Application For Commercial Pesticide Applicator Exams

Please complete an application for each candidate by printing or typing the requested information and checking all the appropriate boxes. Mail the completed application to: **Board of Pesticides Control, 28 State House Station, Augusta, ME 04333-0028**

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|----------------------------|--|---------------------------|--|
| Name | | Social Security # | |
| Home Address | | Home Phone # | |
| City State Zip | | Business Phone # | |
| Company/ Agency | | E-mail Address | |
| Business Address | | | |
| City State Zip | | | |

Type of Applicator

| Industrial/Business | Governmental |
|---|-------------------------------------|
| <input type="checkbox"/> Custom Applicator (For Hire) | <input type="checkbox"/> Federal |
| <input type="checkbox"/> Not For Hire (Apply to Company Areas Only) | <input type="checkbox"/> State |
| | <input type="checkbox"/> University |
| | <input type="checkbox"/> Municipal |

Exams Desired:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Master Oral | <input type="checkbox"/> 2B-Forest Vegetation Mgmt. | <input type="checkbox"/> 6D-Ind./Comm./Municipal | <input type="checkbox"/> 7E-Biting Fly & Tick |
| <input type="checkbox"/> Master Regulation | <input type="checkbox"/> 3A-Outdoor Ornamental | <input type="checkbox"/> 7A-Structural General | <input type="checkbox"/> 7F-Termites |
| <input type="checkbox"/> Core | <input type="checkbox"/> 3B-Turf | <input type="checkbox"/> 7B-Food Proc. & Fumigation | <input type="checkbox"/> 8A-Public Health/Biting Fly** |
| <input type="checkbox"/> 1A-Agricultural Animal | <input type="checkbox"/> 3C-Indoor Ornamental | <input type="checkbox"/> 7C1-Disinfectant & Biocide | <input type="checkbox"/> 8B-Public Health/Other** |
| <input type="checkbox"/> 1B-Agricultural Plant | <input type="checkbox"/> 4-Seed Treatment | <input type="checkbox"/> 7C2-Swimming Pool & Spa | <input type="checkbox"/> 9-Regulatory** |
| <input type="checkbox"/> 1B1-Ltd. Comm. Blueberry | <input type="checkbox"/> 5A-Aquatic | <input type="checkbox"/> 7C3-Mold Remed/Water Dam* | <input type="checkbox"/> 10-Demo. & Research*** |
| <input type="checkbox"/> 1B2-Agricultural Chemigation | <input type="checkbox"/> 5B-Sewer Root Control | <input type="checkbox"/> 7D1-Pressure Treating | <input type="checkbox"/> 11-Aerial*** |
| <input type="checkbox"/> 1B3-Agricultural Fumigation | <input type="checkbox"/> 6A-Utility R-O-W | <input type="checkbox"/> 7D2-Sapstain/Bluestain | |
| <input type="checkbox"/> 1B4-Post Harvest Treatment | <input type="checkbox"/> 6B-Roadside R-O-W | <input type="checkbox"/> 7D3-Remedial Treatment | |
| <input type="checkbox"/> 2A-Forest General | <input type="checkbox"/> 6C-Railroad R-O-W | <input type="checkbox"/> 7D4-General Wood Treatment | |

- * **These categories need only take one exam the core exam is not required.**
 ** **These categories are only for government officials.**
 *** **These categories are not stand-alone. Applicants must also apply for categories they plan to make applications under.**

Fees: Exam fees are \$10.00 per core or category exam. The Master oral and regulation exams are \$50.00 for the two combined. Failure to pass any exam requires a new application and fee to be submitted. Exam fees are not refundable. *Government officials are exempt from all exam fees.* Please make checks payable to "Treasurer, State of Maine".

Number of core and/or category exams checked x \$10.00 = \$_____ Master Exams= \$50.00
 Total Fee Submitted \$_____ (All fees are non-refundable)

Appointment Date _____ Time _____
Over

| | |
|-----------------------|--|
| Exam Schedule: | Exam appointments are sent to all applicants after receipt of a complete application and appropriate fee. Please allow 7 – 10 business days to receive confirmation of your appointment. To avoid conflicts, please check morning or afternoon and indicate any dates that are either good or bad for you. We will do our best to accommodate your needs. |
|-----------------------|--|

Prefer Morning Prefer Afternoon

Dates preferred: _____ Dates to avoid: _____

If you are unable to appear at the scheduled time, please call (207)-287-2731 to request a new appointment. The Board's regulations require at least a 24 hour notice if you cannot make your appointment. Less than 24 hour notice or canceling two times in a row results in loss of the exam fees and an additional \$15.00 re-application fee above and beyond the regular exam fees.

Study materials are available from The University of Maine Pest Management Office at 1-800-287-0279. Master regulation exam study guide is mailed from the BPC office.

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| Master Level Education/Experience History | Please list your current or expected pesticide use responsibilities. |
| | Please describe any previous pesticide use employment. |
| | Please list any post secondary school programs completed. |

Comments/Notes: _____

For Board Use Only

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|--|---|
| Require Fee: \$ _____ Fee Paid: \$ _____ Check Number: _____ Check Date: _____ Check Amount: \$ _____ | License Number: C A _____ Certification Categories: _____ Certification Expiration Date: _____ |
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