



Maine Board of Pesticides Control Online Portal

Applying for Exams-Commercial

Welcome

Welcome to the Maine Board of Pesticides Control web portal. We hope this new service helps us continue to provide excellent customer service.

This module describes how to apply for the Dealer exam for yourself. If you need to apply for exams for employees of a company or agency, you will need to be granted the rights of an Administrator. This can only be done by BPC staff or another Administrator within your company. If you do not already have these rights, please contact us at 207-287-2731 or pesticides@maine.gov

Before applying for exams, be sure you understand what type of license is needed. Agricultural exams are taken by those wishing to obtain a Private Applicator license or an Agricultural Basic license. Commercial exams are required for those wishing to obtain a Commercial Operator or Commercial Master license. Distributor exams are required for those wishing to obtain a Restricted Use Pesticide Dealer license. If not sure of the license required, visit www.thinkfirstspraylast.org and select Licensing, Applicators and Distributors on the left navigation bar.

Please note that the screens you see may have changed from what is pictured here, as we are still developing and making improvements, but the functionality remains the same. Contact us at anytime if you have questions.

Apply for Exams



After logging in, select Apply for Exam

Maine Board of Pesticides Control

[Home](#)

First Name	Last name	Individual ID	Date of birth	Primary Phone	Last login
Hermione	Granger	BPC_IND-54146	Feb 14, 1988	(207) 621-4578	Jul 22, 2017 11:15:28 AM

Other

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[View Miscellaneous Payments](#)

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Exams & Recertification Credits

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Applicant Information

Personal details

First Name* Hermione	Middle Name 	Last name* Granger
Suffix Ms	Date of Birth* Feb 14 1988	

Mailing Address details

Address Line* 16 Griffindor Hall	Address Line 2 Room 555	Address Line 3
City* Augusta	State* Maine	Zip Code* 04330
Country* United States		

Physical Location

Same as above

Address Line 16 Griffindor Hall	Address Line 2 Room 555	Address Line 3 Room 555
City Augusta	State Maine	Zip Code 04330
Country United States		

Communication details

Primary Phone* (207) 621-4578	Secondary Phone 	Email* annebills@rocketmail.com
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Next >>

Edit your personal information as necessary. Be sure the Email address is correct as this is how you will receive exam schedules and scores. Select Next

Select Exam Type



Select the type of exams required. This depends on the type of license required. If you're not sure, click on [More info](#) on the right, or go to the BPC website at www.thinkfirstspraylast.org and select [Licensing, Applicators and Distributors](#) from the left navigation bar.

Select Exam Type

Select Exam Type

Select	Exam Type	More info
<input type="radio"/>	Agricultural	More info
<input type="radio"/>	Commercial	
<input type="radio"/>	Distributor	

For farmers, forest land managers, greenhouse and nursery operators, orchardists, Christmas tree growers and medical marijuana growers wishing to purchase and use pesticides in the production of agricultural commodities on property owned or leased by them.

Distributor Exams

If Distributor Exams was selected, only one exam will be listed. Select the exam and Next

Select	Exam code	Exam name
<input checked="" type="checkbox"/>	DE	Dealer Exam

Total fee \$10.00 Final fee after fee waiver \$10.00

Pending exams

Exam code	Exam name	Location	Planned date	Start time
No cases				

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Distributor-Schedule Exam



Click on the box next to Distributor Exams. Select a Location, Date, and Start Time from the dropdown boxes. Select Next.

Schedule exams

You've selected the following exams

Exam code	Exam name
DE	Dealer Exam

Select exam location.

Distributor Exams

Location*
Augusta ▼

Date*
Nov 29, 2017 ▼

Start Time*
9:00 AM ▼

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Disclosure Form

Select the I Agree box, sign in the box, and select Next

Disclosure for all users:

7/22/17 1:34 PM

Harriet Vane

By clicking the box below and signing in the box provided, I hereby certify that the information provided on this application an

I Agree


Clear

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Next >>

Make a Payment

Enter payment information. If address associated with a credit card is a Post Office Box, enter the number first.

If you want an email receipt from the State of Maine, select the box next to Send Email Receipt.

Select Finish.

Enter **either** a First and Last Name, or a Company Name

Send Email Receipt

Email Address for Receipt
annebills@rocketmail.com

Payment Options*
EFT

First Name on Checking Account	Last Name on Checking Account
Company/Agency Name on Checking Account Hogwarts-Griffindor	Zip Code on Checking Account* 04345
Routing Number* 551554412	Routing Number Confirmation* 551554412
Checking Account Number* 6459951119366552	Checking Account Number Confirmation* 6459951119366552

Amount (\$) *
30.00

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Thank you

This module explains how to apply for the Dealer exam. Please view other modules (at maine.gov/bpc) to learn how to accomplish other tasks.

Thank you for using the BPC online portal. We hope you find it useful.

Call the BPC offices at 207-287-2731 or email pesticides@maine.gov with questions.