

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**

Name		Email (Required)	
Home Mailing Address		Date of Birth (Required)	
City State Zip		Home Phone #	

Company/ Agency		Business Phone #	
Business Mailing Address		Business E-mail	
City State Zip			

Please do not send my exam scores to my employer
 (Note: Exam scores will be sent to employer's email address unless box is checked)

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

** 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, category, or Master Regulation exam. The Master Oral exam is \$40.00. 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, category and/or Master Regulations exams checked x \$10.00 = \$ _____

Master Oral Exam= \$40.00

Total Fee Submitted \$ _____ (All fees are non-refundable)

Appointment Date _____ Time _____

Over

Exam Schedule:	Exam appointments are sent via email to all applicants after receipt of a completed application and appropriate fee. Please allow 7 – 10 business days to receive confirmation of your appointment. Most exams are offered weekly on Wednesday mornings. Master exam candidates may be scheduled on other days. Master candidates should indicate their time and date preferences below. We will do our best to accommodate your needs.
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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.

Core and Category exam study materials are available from The University of Maine Pest Management Office at 1-800-287-0279. The Master regulation exam study guide is mailed from the BPC office upon receipt of your application.

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

Comments/Notes: _____

For Board Use Only

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