

OFFICE USE ONLY	
_____	<input type="checkbox"/>
License #	GE?

**APPLICATION FOR PESTICIDE OPERATOR LICENSING
BASIC PESTICIDE TRAINING VERIFICATION**

- IMPORTANT INSTRUCTIONS:**
- | | |
|--|--|
| 1. Type or print clearly | 4. Put a blank space between each word |
| 2. Use 1 space for each letter or number | 5. Complete entire form. Incomplete forms will be rejected. |
| 3. Always start in leftmost space | 6. Include Basic Pesticide Training Attendance Certificate |

PESTICIDE OPERATOR'S NAME AND ID INFORMATION			
FIRST NAME	MI	LAST NAME	JR, SR, II etc.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BIRTH DATE →		Mo. Day Year	LAST 4 NUMBERS OF SSN
<input type="text"/>		<input type="text"/>	<input type="text"/>

PESTICIDE OPERATOR'S HOME MAILING ADDRESS		
"ATTENTION" ADDRESS LINE (Optional)		
<input type="text"/>		
STREET OR BOX #		
<input type="text"/>		
CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

TELEPHONE # AND PERSONAL IDENTIFICATION INFORMATION				
HOME PHONE # →	Area Code	Number	SEX →	M or F
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	EYE COLOR	HEIGHT →	Feet	Inches
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EMPLOYER NAME AND TELEPHONE NUMBER	
IF THE EMPLOYER IS A LICENSED PESTICIDE APPLICATOR BUSINESS, PLEASE FILL IN THE BUSINESS LICENSE NUMBER HERE →	
<input type="text"/>	
EMPLOYER NAME (pesticide use-related only)	
<input type="text"/>	
EMPLOYER TELEPHONE # →	Area Code Number
<input type="text"/>	<input type="text"/>

EMPLOYER MAIL ADDRESS		
(This is the address the license is mailed to)		
STREET OR BOX #		
<input type="text"/>		
CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

EMPLOYER PHYSICAL ADDRESS			
STREET			
<input type="text"/>			
CITY	STATE	COUNTY	USE COUNTY CODE ON OTHER SIDE
<input type="text"/>	<input type="text"/>	<input type="text"/>	←

BASIC PESTICIDE TRAINING COURSE INFORMATION	
COURSE #	COURSE DATE (month, day, year)
<input type="text"/>	<input type="text"/>

RESPONSIBLE CERTIFIED PESTICIDE APPLICATOR INFORMATION		
FULL LICENSE #	FIRST NAME	LAST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

REQUIRED SIGNATURES	
_____ PESTICIDE OPERATOR	_____ RESPONSIBLE CERTIFIED PESTICIDE APPLICATOR

Providing false or misleading information on this form will result in denial, suspension or revocation of this Pesticide Operator license.

NOTE: The required 40 hours of on-the-job training must be completed before paying the invoice you will receive for this license.

COUNTY CODES

01 - Atlantic County
02 - Bergen County
03 - Burlington County
04 - Camden County
05 - Cape May County
06 - Cumberland County
07 - Essex County

08 - Gloucester County
09 - Hudson County
10 - Hunterdon County
11 - Mercer County
12 - Middlesex County
13 - Monmouth County
14 - Morris County

15 - Ocean County
16 - Passaic County
17 - Salem County
18 - Somerset County
19 - Sussex County
20 - Union County
21 - Warren County
22 - Outside of NJ