

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Office of Pesticide Services

P. O. Box 1163

Richmond, VA 23218

PRIVATE PESTICIDE APPLICATOR REQUEST FOR AUTHORIZATION TO TAKE PESTICIDE APPLICATOR EXAMINATION AT DEPARTMENT OF MOTOR VEHICLES CUSTOMER SERVICE CENTER

Please check the appropriate box below:

New Applicator

Retesting

Reinstatement

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION:

Person taking the Virginia Private Pesticide Applicator Exam:

SOCIAL SECURITY NO.: _____ - _____ - _____

HOME PHONE NO.: _____ BUSINESS PHONE NO.: _____
(Area Code) (Area Code)

NAME OF APPLICANT: _____
(Last) (First) (M.I.)

MAILING ADDRESS: _____
(Street or RFD)

COUNTY: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Signature of Applicant

Date

FOR DEPARTMENT USE ONLY:

Certificate Number : _____

Date Keyed: _____

Keyed to Database by : _____