



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

WATER RESOURCE MANAGEMENT

DIVISION OF WATER MONITORING, STANDARDS AND PESTICIDE CONTROL

BUREAU OF PESTICIDE CONTROL

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Mikie Sherrill
Governor

Dr. Dale G. Caldwell
Lt. Governor

Ed Potosnak
Acting Commissioner

“AFFIDAVIT”

THIS AFFIDAVIT IS ONLY TO BE USED IF YOU ARE TAKING A CATEGORY EXAM

I, the undersigned, attest that I have been previously certified as a Pesticide Applicator for a minimum of one year in the categories listed below:

List categories here: _____

Upon this Department’s request, copies of my pesticide application records, employer’s statements and any other proof as deemed necessary by the Department will be provided.

I hereby swear/affirm that the aforementioned statement is true to the best of my knowledge:

Pesticide Applicator License Number: _____

State Licensed In: _____

License Start Date: _____ / _____ / _____

License Expiration Date: _____ / _____ / _____

Print Name: _____

Signature: _____ *Date:* _____ / _____ / _____

Please Note: Only complete this affidavit if you have at least one year of verifiable work experience as a Pesticide Applicator in the categories for which you are applying. **Do not send in the “Category Training Verification Form” when using this affidavit.**

-PROOF OF TRAINING OR EXPERIENCE IS *NOT* NECESSARY FOR CATEGORIES 10 AND 13

-FOR THE CORE TEST, SUBMIT A BASIC TRAINING COURSE CERTIFICATE