



# State of New Jersey

## DEPARTMENT OF ENVIRONMENTAL PROTECTION

WATER RESOURCE MANAGEMENT

DIVISION OF WATER MONITORING, STANDARDS AND PESTICIDE CONTROL

BUREAU OF PESTICIDE CONTROL

401 East State Street

P.O. Box 402, Mail Code 401-04A

Trenton, New Jersey 08625-0420

Tel. (609) 984-6568 • Fax (609) 984-6555

[www.pcpnj.org](http://www.pcpnj.org)

**Mikie Sherrill**  
Governor

**Dr. Dale G. Caldwell**  
Lt. Governor

**Ed Potosnak**  
Acting Commissioner

### CATEGORY TRAINING VERIFICATION FORM for COMMERCIAL PESTICIDE APPLICATORS

→ Use this form only when applying for a CATEGORY EXAM ←

Training is **not** required if you are applying for an exam for recertification purposes or for Category 10 or 13. Please list below **ONLY** those categories in which you have been trained, and intend to add to your license through this exam process:

**List Categories here:** \_\_\_\_\_

#### PLEASE CHECK APPROPRIATE BOX BELOW:

- YES**, I have completed the 40 hours of “On-The-Job Category Training” (OJT) with a Pesticide Applicator licensed in the category I wish to test in, and I have performed/witnessed the minimum number of pesticide applications required by NJAC 7:30-6.2 in that category.
- NO**, I have not completed the 40 hours of “On-The-Job Category Training” (OJT) because it is NOT available to me. (Note: You may **not** use this option for categories 3A, 3B, 7A, 7B & 8B. You must take a training course in lieu of the 40 hours of OJT.)

#### Why Isn't Training Available To You?

*Please check reason below:*

- I am currently unemployed.
- I am starting a new business.
- I do not have a qualified trainer available.
- Other reason: \_\_\_\_\_

**APPLICANT'S NAME (print):** \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TRAINER'S NAME (print):** \_\_\_\_\_

**TRAINER'S NJ Pesticide Applicator License #:** \_\_\_\_\_

**DATES OF TRAINING:** \_\_\_\_\_

**TRAINER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

- SUBMIT THIS FORM ONLY WITH THE APPLICATION FOR A CATEGORY EXAM.
- COMPLETE AFFIDAVIT (VPE-001) IF YOU HAVE A MINIMUM OF ONE-YEAR WORK EXPERIENCE IN THE CATEGORY APPLIED FOR.
- OPERATORS CANNOT USE THE AFFIDAVIT FORM AS PROOF OF TRAINING.
- DO NOT COMPLETE THIS FORM WHEN USING THE AFFIDAVIT.