For Office Use Only Batch No. 6888-9670

Social Security Number	Current WV Certification #	Today's Date	
	Phone:	Date of Birth:	
Print your name on the line above	 County:		
Print your mailing address on the line above	 Email:		
Print your city, state & zip code on the line abov	e Signature:		
Examination application and admiss	ion ticket is for:		
16. Agriculture Pest Control (   Select one option below)  Fruit and Nuts Livestock and Dairy Field and Forage Greenhouse and Nursery Forestry Poultry Vegetable Crops  17. Applicator General Fumigat	Please p photo id	Please place a copy of current photo identification or driver's license in this box	
se circle the location at which you would  Charleston	like to test.  Morgantown	Teays Valley	
Beckley	Parkersburg	Inwood	
Your application to take the pesticide elected onCharleston office (304 55		nnot test on this day you must call	

You may reschedule **only once**, then another application and fee are required. If you fail to report, your \$20.00 examination fee will be forfeited. \* Your exam results are valid for 12 months. After 12 months your eligibility to apply for certification expires.

Complete and mail this application along with your \$20.00 fee (check or money order made payable to West Virginia Department of Agriculture) to: West Virginia Department of Agriculture, Pesticide Regulatory Programs, 1900 Kanawha Blvd., East, Charleston WV 25305-0190.

You will receive your approved Admission ticket by email to notify you of the location and date you will test. You must present a copy of the revised examination admission ticket, along with a current photo identification, on the day of the exam.