

Connecticut Department of Energy & Environmental Protection Bureau of Materials Management & Compliance Assurance

Engineering & Enforcement Division

Commercial Pesticide Junior Operator Certification

All persons who wish to be certified as a Pesticide Junior Operator in the State of Connecticut must initially pass an exam offered by the department and renew their certification every 5 years. This completed form, including a **copy of the applicant's photo ID** and fee must be submitted in order to take the Pesticide Junior Operator Exam. When the applicant passes the exam, the Junior Operator Certification will be sent to the applicant. Exam results will **not** be provided by phone. For renewal of certification, this completed form must be received by the department on or before the expiration date of the certification being renewed and must include a copy of the applicant's photo ID and fee. The completed application, copy of photo ID and fee should be mailed to the address indicated at the end of this form.

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| Program: Pesticide Management | | | | |

The application will not be processed without including a **copy of the applicant's photo ID** and/or the applicable fees. The fee shall be non-refundable and shall be paid by check or money order to the Department of Energy and Environmental Protection.

Print legibly or type unless otherwise noted. Retain a copy for your records.

You *must* present a Photo ID at the time of exam.

Part I: Application Type and Fee Information

| Application Type (select one) | Fee |
|--|-----------------------|
| New Application | \$200.00 [918] |
| Retake of an examination | \$200.00 [918] |
| Renewal Application Certification No.: Expiration Date: | \$80.00 [919] |
| In addition to selecting one above, check here if the applicant is a State or Municipal employee for which certification is required for their employment. If this box is checked, the application and examination fee are waived. | \$0 |

Part II: Applicant Information (must be over 18 years of age)

| 1. | Name of Applicant: | | |
|----|--|--------|-----------|
| | Date of Birth: | | |
| | Mailing Address: | | |
| | City/Town: | State: | Zip Code: |
| | Business Phone: | ext.: | |
| | Cell Phone: | | |
| | *E-mail: | | |
| | ess you are agreeing to receive official ect application. Please remember to ses. Also, you must notify the ays of such change. | | |

Part II: Applicant Information (continued)

| 2. | Name of Employer/Business: | | | |
|----|--|--------|-----------|--|
| ∠. | Name of Employer/Business. | | | |
| 1 | Mailing Address: | | | |
| l | City/Town: | State: | Zip Code: | |
| 1 | Business Phone: | ext.: | | |
| | Contact Person: | Title: | | |
| | **E-mail: | | | |
| | ** Send renewal notice to this e-mail (check box). | | | |

Part III: Certification of Accuracy

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute."

Signature of Applicant

Date

Please submit this completed application, a **copy of the applicant's photo ID** and fee to:

CENTRAL PERMIT PROCESSING UNIT DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION 79 ELM STREET HARTFORD, CT 06106-5127

Note: Refer to the Pesticide Operator's Examination Schedule at www.ct.gov/deep/cwp/view.asp?a=2710&q=324244&deepNav_GID=1712 for exam dates.

If you have any questions, please go to <u>www.ct.gov/deep/pesticides</u> or contact the Pesticide Program by e-mail at <u>DEEP.PesticideProgram@ct.gov</u>.