



**Connecticut Department of  
Energy & Environmental Protection**  
Bureau of Materials Management & Compliance Assurance  
Engineering & Enforcement Division

## Application for Pesticide Operator's Exam/Certification

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

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

CPPU USE ONLY	
App #:	_____
Doc #:	_____
Check #:	_____
Certification #:	_____
Form #:	_____
<b>Program: Pesticide Management</b>	

### Part I: Applicant Information

1. Name and address of applicant (must be over 18 years of age):			
Name:			Date of Birth:
Mailing Address:			
City/Town:	State:	Zip Code:	
Phone:	ext.	Fax:	
*E-mail:			
2. Name and address of company or government agency (if applicable):			
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.	Fax:	
*E-mail:			
Contact Person:	Title:		
<input type="checkbox"/> Check here if renewal is to be sent to company.			
*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.			

### Part II: Fee Information

(The fee is waived for local, state, and federal government employees who will be using the certification only for their governmental affiliation.)

Check the appropriate box:
<input type="checkbox"/> The application fee for the <i>Pesticide Operator's Certification</i> is <b>waived</b> . I am employed by a local, state, or federal government agency.
<input type="checkbox"/> The application fee for the <i>Pesticide Operator's Certification</i> is <b>\$200.00</b> . Please make check or money order payable to the <b>Department of Energy and Environmental Protection</b> . [#918]

### 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

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Title

Mail completed application and fee (if applicable) to:

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