



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

## Exam Application for Commercial Pesticide Supervisor Certification

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

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

DEEP USE ONLY	
T.S. No.:	_____
Bank:	_____
Check No.:	_____
Amount:	_____
Date:	_____

### 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 Address:			
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 Address:			
Contact Person:	Title:		
Company Business Registration Number:			
*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 for *supervisory* exams is waived for local, state, and federal government employees who will be using the certification only for their governmental affiliation.)

Check the appropriate box(es):
<input type="checkbox"/> The examination fee for the <i>Pesticide Supervisor's Certification</i> is <b>waived</b> . I am employed by a local, state, or federal government agency.
<input type="checkbox"/> The examination fee for the <i>Pesticide Supervisor'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> .

**Part III: Pest Control Activity**

1. Check the appropriate box(es) identifying the Outdoor Pest Control activities to be covered by certification (check all that apply):

<input type="checkbox"/> Agricultural Pest Control – Plant	<input type="checkbox"/> Aquatic Pest Control	<input type="checkbox"/> Arborist
<input type="checkbox"/> Demonstration & Research	<input type="checkbox"/> Forest Pest Control	<input type="checkbox"/> Golf Course Supt.
<input type="checkbox"/> Interior Plantscape	<input type="checkbox"/> Ornamental & Turf	<input type="checkbox"/> Public Health
<input type="checkbox"/> Regulatory	<input type="checkbox"/> Right of Way	<input type="checkbox"/> CT Statutes & Regulations

2. Check the appropriate box(es) identifying the Industrial, Institutional and Structural Pest Control activities to be covered by certification (check all that apply):

<input type="checkbox"/> Bird	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> General Pest	<input type="checkbox"/> Mosquitoes & Biting Flies
<input type="checkbox"/> Rodent	<input type="checkbox"/> TBT	<input type="checkbox"/> Termites & W.D.O.	<input type="checkbox"/> Wood Preservation
<i>Fumigation:</i>	<input type="checkbox"/> Pipe	<input type="checkbox"/> Soil	<input type="checkbox"/> Structural

**Part IV: 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.”

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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