



State of New Jersey  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
PESTICIDE LICENSING AND REGISTRATIONS

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PHILIP D. MURPHY

Governor

TAHESHA L. WAY

Lt. Governor

SHAWN M. LATOURETTE

Commissioner

**“AFFIDAVIT”**

THIS AFFIDAVIT IS ONLY TO BE USED IF YOU ARE TAKING A CATEGORY EXAM

*I, the undersigned, attest that I have been previously certified as a Pesticide Applicator for a minimum of one year in the categories listed below:*

*List categories here:*

*Upon this Department's request, copies of my pesticide application records, employer's statements and any other proof as deemed necessary by the Department will be provided.*

*I hereby swear/affirm that the aforementioned statement is true to the best of my knowledge:*

*Pesticide Applicator License Number:*

*State Licensed In:*

*License Start Date:*

/

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*License Expiration Date:*

/

/

*Print Name:*

*Signature:*

*Date:*

/

/

***Please Note:*** Only complete this affidavit if you have at least one year of verifiable work experience as a Pesticide Applicator in the categories for which you are applying. ***Do not send in the “Category Training Verification Form” when using this affidavit.***

***-PROOF OF TRAINING OR EXPERIENCE IS NOT NECESSARY FOR CATEGORIES 10 AND 13***

***-FOR THE CORE TEST, SUBMIT A BASIC TRAINING COURSE CERTIFICATE***