

**State of Alabama**  
**Department of Agriculture & Industries**  
**APPLICATION FOR CUSTOM PESTICIDE APPLICATOR EXAMINATION**

**RETURN TO: Dept. of Agriculture & Industries**  
**Pesticide Management Division CERTIFICATION SECTION**  
**1445 Federal Drive**  
**Montgomery, AL. 36107-1123**

**Date:** \_\_\_\_\_

**Phone: (334) 240 - 7240      Fax: (334) 240 - 7168**

**I hereby make application for testing in the following categories. (Please Mark ALL categories requesting)**

**CUSTOM CATEGORIES:**

- GENERAL STANDARDS ..... (GS) .....
- Agricultural Animal Pest Control ....(AA).....
- Agricultural Plant Pest Control ..... (AP) .....
- Aquatic Pest Control ..... (AQ) .....
- Biocides ..... (BIO) .....
- Demonstration & Research ..... (D&R) .....
- Forest Pest Control ..... (FOR) .....
- Public Health Pest Control ..... (PH) .....
- Metam Sewer ..... (MS) .....
- Regulatory ..... (REG) .....
- Right-of-Way Pest Control ..... (ROW) .....
- Seed Treatment ..... (ST) .....
- Tributyltin ..... (TBT) .....
- Wood Treatment ..... (WT) .....
- Ag. Commodity Fumigation ..... (ACF) .....

**Mode of Application:**

- Aerial Equipment ..... (AIR) .....
- Ground Equipment ..... (GRND) .....

**PLEASE MARK ONE:**

This is my **FIRST** application for certification in Alabama. ....

Retest [Retaking failed exam].....

Testing in **ADDITIONAL** category.....

If you have been issued a certification permit number with us, what is your number? \_\_\_\_\_

**RECERTIFICATION** .....

**List Training and Experience For Supervisor Certification as Required in Rule 80-1-14-.04:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EXAMINATION FEE IS \$75.00 PER EXAM.    Number of Exams? \_\_\_\_\_ X \$75 = \$ \_\_\_\_\_**

**Name of Firm Paying for Exam(s). \_\_\_\_\_ Check # \_\_\_\_\_**

**PLEASE PRINT LEGIBLY**

**Legal Name** \_\_\_\_\_ **SSN** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**PO Box** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone** (    ) \_\_\_\_\_

**Firm Name** \_\_\_\_\_

**Firm Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**PO Box** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone** (    ) \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\* **QUALIFICATIONS FOR SUPERVISOR:** Quoting from Regulations Governing Professional Work or Services Pertaining to Entomological Work, Pathological Work, Horticultural and Floricultural Work, and Tree Surgery Work:

Alabama law states that applicants for certification as Supervisor for professional work or services pertaining to Ornamental and Turf Pest Control, Landscape Horticultural and Floricultural work and Tree Surgery *shall submit a written statement outlining their training and experience* in professional work or services for which examination is requested. Statement should include employer's name, dates employed and type of work performed. **NOTE: IF YOU REFERENCE EDUCATIONAL EXPERIENCE, INCLUDE COPIES OF COURSE WORK!**

\*\* **QUALIFICATIONS FOR CERTIFIED OPERATOR OR BRANCH SUPERVISOR:** Quoting from Regulations Governing Professional Work or Services Pertaining to Entomological Work, Pathological Work, Horticultural and Floricultural Work, and Tree Surgery Work:

Alabama law states that applicants for certification as Certified Operator or Branch Supervisor for professional work or services defined as structural pest control work must have a knowledge of the practical and scientific facts underlying the practice of structural pest control and the necessary knowledge and ability to recognize and control those hazardous conditions, which may affect human life and health. Applicants for certification as Certified Operator or Branch Supervisor for structural pest control shall be duly permitted to take the examinations for the various subcategories of structural pest control and *shall submit to the Commissioner evidence of qualifications*, which shall include as minimum qualifications one (1) or more years of working experience as an employee or owner-operator in the field of structural pest control for which certification is applied for; or a college degree, which includes instructions in Entomology satisfactorily completed; or one (1) or more years training or equivalent training in structural pest control work under educational institutional supervision may be substituted for one (1) of actual working experience. Qualification statement should be on employer's letterhead and be signed by owner or office manager. Include dates employed and type of work performed.

\*\*\* **CUSTODIAL PESTICIDE APPLICATOR:** Quoting from Regulations Governing the Sale, Offering for Sale, Classification, Use, Transportation, and Distribution of Pesticides in Alabama.

Custodial Pesticide Applicator means a commercial applicator who uses or supervises the use of restricted use pesticides for purposes other than production of an agricultural commodity on property owned, leased, or otherwise in control of another person as part of his permanent salaried employment for the owner, lessor, or person in control of the property. NOTE: This classification is for permanent salaried persons working for golf courses, apartment complexes, municipalities, food distribution centers, etc.

Applicants shall *submit a written statement outlining their training and experience* in professional work or services for which examination is requested. Statement should include employer's name, dates employed and type of work performed.

- Examinations are held on the third Tuesday in March, June, September, and December.
- Applicants must submit applications to this office at least thirty (30) days prior to an examination date. Applications received after this date will be considered for the next examination date.
- Applicants will be notified of acceptance or rejection of application at least one week prior to the date of examination.