



OFFICE USE ONLY	
_____	<input type="checkbox"/>
License #	GE?

**INITIAL APPLICATION FOR PESTICIDE OPERATOR LICENSING
& BASIC PESTICIDE TRAINING VERIFICATION**

DIRECTIONS: 1. Fill in the application form completely 2. Email the form and a copy of the Basic Pesticide Training certificate to PestOperator@dep.nj.gov

PESTICIDE OPERATOR'S NAME AND PRIMARY ID INFORMATION			
First Name _____	MI _____	Last Name _____	Jr, Sr, II, etc. _____
Birth Date: month/ day /year _____	Last 4 Numbers of SSN _____	Email Address (REQUIRED FELD) _____	
PESTICIDE OPERATOR'S HOME MAILING ADDRESS			
Optional Address Line 1 (For an ATTN, apartment complex name, etc.) _____			
Street or PO Box # _____			
City _____	State _____	Zip Code _____	County Code (see next page) _____
TELEPHONE # AND PHYSICAL IDENTIFICATION INFORMATION			
Home Area Code & Phone Number _____	Sex: M or F _____	Eye Color _____	Height: Feet - Inches _____
EMPLOYER NAME, TELEPHONE # & EMAIL ADDRESS			
If the employer is a licensed Pesticide Applicator Business, please fill in the business license # here (it begins with a '9') → _____			
Employer Name (pesticide use-related employer only) _____			
Employer Area Code & Phone Number _____	Employer Email Address _____		
EMPLOYER MAIL ADDRESS (license will be sent to this address)			
Street or PO Box # _____			
City _____	State _____	Zip Code _____	County Code (see next page) _____
EMPLOYER PHYSICAL ADDRESS			
Street _____			
City _____	State _____	Zip Code _____	County Code (see next page) _____
BASIC PESTICIDE TRAINING COURSE INFORMATION (include a copy of your Basic Pesticide Training Course completion certificate with this application)			
Trainer #: _____	Course Date (month/day/year) : _____		
RESPONSIBLE CERTIFIED PESTICIDE APPLICATOR INFORMATION			
License #: _____	Print or Type First & Last Name: _____		
REQUIRED SIGNATURES (If sending in electronically, the Responsible Certified Pesticide Applicator must enter their birth date & last four # of SSN)			
_____ Responsible Certified Applicator (RCA)		_____ Pesticide Operator	
Signature by the RCA above certifies that the operator applicant has successfully completed the Basic Pesticide Training Course and will receive the appropriate 40-hours of On-the-Job Training within 30 days of submission of this form. The RCA signature also certifies that the RCA will be held responsible for these operator requirements and will be subject to all applicable fines and/or penalties as allowed under the rules and regulations at 7:30(1-13) for non-compliance.			

COUNTY CODES

01 - Atlantic County
02 - Bergen County
03 - Burlington County
04 - Camden County
05 - Cape May County
06 - Cumberland County
07 - Essex County

08 - Gloucester County
09 - Hudson County
10 - Hunterdon County
11 - Mercer County
12 - Middlesex County
13 - Monmouth County
14 - Morris County

15 - Ocean County
16 - Passaic County
17 - Salem County
18 - Somerset County
19 - Sussex County
20 - Union County
21 - Warren County
22 - Outside of NJ