



NH DEPARTMENT OF AGRICULTURE, MARKETS & FOOD

Division of Pesticide Control

P.O. Box 2042, Concord, NH 03302-2042

(603) 271-3550

FEE: \$5 PER EXAMINATION

APPLICATION FOR EXAMINATION

This application for examination and a fee of \$5 per exam shall be submitted prior to taking Commercial or Dealer exams. Checks should be made payable to the Treasurer, State of New Hampshire.

Check the examinations you are taking:

LEVEL: _____ SUPERVISORY _____ OPERATIONAL

- ___ A1 AGRICULTURAL PEST CONTROL - FRUIT
___ A2 AGRICULTURAL PEST CONTROL - HERBICIDES
___ A3 AGRICULTURAL PEST CONTROL - FIELD CROPS
___ A4 AGRICULTURAL PEST CONTROL - ANIMALS
___ B RIGHT-OF-WAY, AND COMMERCIAL WEED & BRUSH CONTROL
___ C1 FOREST PEST CONTROL AND TIMBER TREATMENT
___ C2 CHRISTMAS TREES
___ D AQUATIC PEST CONTROL
___ E PUBLIC HEALTH PEST CONTROL
___ F1 GENERAL PEST CONTROL
___ F2 MOSQUITO AND BLACK FLY
___ F3 TERMITES AND WOOD DESTROYING INSECTS
___ F4 FUMIGATION
___ F5 POLE TREATING AND WOOD PRESERVATION
___ F6 FOOD HANDLERS
___ F7 TREE ROOT CONTROL ON SANITARY SEWER PIPES
___ F8 MICROBIAL PEST CONTROL
___ G1 SHADE AND ORNAMENTAL PEST CONTROL
___ G2 TURF PEST CONTROL
___ G3 INDOOR FOLIAR PEST CONTROL
___ H DEMONSTRATION AND RESEARCH PEST CONTROL
___ J AERIAL PEST CONTROL
___ DEALER EXAM
___ WORKER PROTECTION EXAMINATION
___ RETEST ON RULES AND REGULATIONS EXAMINATION
___ RETEST ON CORE EXAMINATION

TOTAL AMOUNT PAID: _____ DATE: _____

NAME: _____

ADDRESS: _____

SIGNATURE: _____