Commercial Pesticide Supervisor Certification

All persons who wish to be certified as a Pesticide Supervisor in the State of Connecticut must pass an exam offered by the department and renew their certification every 5 years. To apply to take the exam: this completed form must be submitted with the fee, if applicable. To renew certification: this completed form must be submitted along with all required Pesticide Use Summary Reports, twelve recertification credits for each certification category held and renewal fee. Complete renewal application packages must be mailed to the address indicated at the end of this form so they are received no later than January 31 of the expiration year. Print legibly or type unless otherwise noted. Retain a copy for your records.

You must present a Photo ID at the time of exam. Cell phones, smart watches or other electronic devices (other than calculators) are prohibited at the time of the examination.

Part I: Application Type and Fee Information

<table>
<thead>
<tr>
<th>Application Type</th>
<th>Examination Fee</th>
<th>License Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ☐ New Exam Application (no previous supervisor license)</td>
<td>$200.00 [928]</td>
<td>*See note below</td>
</tr>
<tr>
<td>2. ☐ Modification - Existing Certification No.:</td>
<td>$200.00 [929]</td>
<td>$0</td>
</tr>
<tr>
<td>☐ Exam to add a New Category</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Change in contact or employer information</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>3. ☐ Renewal Application</td>
<td></td>
<td>$285.00 [917]</td>
</tr>
<tr>
<td>☐ Existing Certification No.:</td>
<td></td>
<td>Governmental employees see box #4</td>
</tr>
<tr>
<td>☐ Expiration Date:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renewal Application must be received prior to the expiration date or the applicant must re-test – there is no grace period</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. ☐ Check here, in addition to the boxes above, if the applicant is a State/Municipal/Federal employee for which certification is required for their employment. If this box is checked, the examination and recertification fees are waived. Note: There is no governmental waiver for the Arborist exam or certification.</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

*Note: Upon passing the exam, the applicant will receive an invoice for the certification to be issued. The application will not be processed and certification will not be issued prior to DEEP receiving payment of all applicable fees. All fees are non-refundable and shall be paid by check or money order payable to “Department of Energy and Environmental Protection (DEEP).”

Part II: Applicant Information (Print Legibly or Type)

1. Name of Applicant: 
   Mailing Address: 
   City/Town: State: Zip Code: 
   Home/Cell Phone: *E-mail: 
   Date of Birth: 

CPPU USE ONLY

App #:________________________________ Doc #:________________________________ Check #:________________________________

Program: Pesticides

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Part II: Applicant Information (continued)

*Future renewal notices will be sent by e-mail only.* By providing this e-mail address you are agreeing to receive official correspondence from the department at this electronic address. Please remember to check your security settings to be sure you can receive e-mails from “ct.gov” addresses. You must notify the department if your e-mail address changes.

2. Residential Address if different than mailing address:
   Address:
   City/Town: State: Zip Code:

3. Name and Address of Employer/Business:
   Name:
   Mailing Address:
   City/Town: State: Zip Code:
   Business Phone: ext.: 
   Contact Person: Title:
   *E-mail:
   Business Registration License No.:

Part III: Certification/Exam Categories

1. Check the appropriate box(es) identifying the Outdoor Pest Management activities to be covered by certification (check all that apply):
   - Examination to add NEW certification category (check ONLY the categories you wish to be examined for)
   - Renewing certification (check ONLY the categories you wish to renew – you must provide 12 recertification credits per category)

   - (1a) Agricultural Pest
   - (1b) Harvested Crops
   - (2) Forest Pest
   - (3a) Ornamental & Turf
   - (3b) Golf Course Supt
   - (3c) Interior Landscaping
   - (3d) Arborist
   - (3e) Fumigation – Structural
   - (3f) Fumigation – Soil
   - (3g) Fumigation – Pipe
   - (4) Aquatic
   - (6) Right of Way
   - (8) *Public Health
   - (9) *Regulatory
   - (10) *Demonstration & Research
   * Issued only to governmental employees

2. Check the appropriate box(es) identifying the Structural Pest Management activities to be covered by certification (check all that apply):
   - Examination to add NEW certification category (check ONLY the categories you wish to be examined for)
   - Renewing certification (check ONLY the categories you wish to renew – you must provide 12 recertification credits per category)

   - (7a) General Pest
   - (7b) Termite & WDO
   - (7ci) Fumigation – Structural
   - (7cii) Fumigation – Soil
   - (7ciii) Fumigation – Pipe
   - (7d) Rodent
   - (7e) Bird
   - (7f) Mosquito & Biting Flies
   - (7g) Wood Preservation
   - (7i) Cooling Tower
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.”

I understand that future official correspondence, including renewal notices will be sent by e-mail to the e-mail address provided on page one of this application and that I am responsible to notify DEEP of changes to the information contained in this application within thirty (30) days.

I also understand that I must complete the examination process within 90 days of DEEP receiving this application, otherwise this application will be denied and any fees paid will not be refunded.

Signature of Applicant ___________________________ Date ________________

Please submit this completed application and fee, if applicable, to:

CENTERAL PERMIT PROCESSING UNIT
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127

Note: Refer to http://www.ct.gov/deep/cwp/view.asp?a=2710&q=324302&deepNav_GID=1712 for additional information on obtaining Pesticide Supervisor Certification and exam dates. Pre-registration is required. You will be notified by email of the exam date.

If you have any questions, please contact the Pesticide Management Program by e-mail at DEEP.PesticideProgram@ct.gov or by telephone at 860-424-3369.

Commercial pesticide applicators are required to maintain records with respect to their use of pesticides and the supervision of pesticide use. This requirement includes submitting an annual Commercial Applicator Pesticide Use Summary Report (Word Form; PDF Form, PDF Instructions). DEEP may refuse to renew certification of a commercial applicator for failure to submit this report. The Pesticide Use Summary Report may be submitted electronically to: deep.pesticideprogram@ct.gov.