

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF PESTICIDE SERVICES**

P. O. Box 1163 • Richmond, VA 23218
Phone: (804) 786-3798 • Fax: (804) 786-9149 • www.vdacs.virginia.gov

**PRIVATE PESTICIDE APPLICATOR REQUEST FOR AUTHORIZATION
TO
TAKE PESTICIDE APPLICATOR EXAMINATION AT
DEPARTMENT OF MOTOR VEHICLES CUSTOMER SERVICE CENTER**

Please check the appropriate box below:

New Applicator Retesting Reinstatement Recertify

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION:

Person taking the Virginia Private Pesticide Applicator Exam:

SOCIAL SECURITY NO. (OPTIONAL) : _____ - _____ - _____

HOME PHONE NO.: _____ BUSINESS PHONE NO.: _____
(Area Code) (Area Code)

NAME OF APPLICANT: _____
(Last) (First) (M.I.)

MAILING ADDRESS: _____
(Street or RFD)

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____

Signature of Applicant

Date

**Please mail the completed form to the address above or fax to 804-786-9149.
Wait to receive authorization before reporting to the DMV.**

Certificate Number : _____
Date Keyed: _____
Keyed by: _____