



NYSDEC REGIONAL OFFICE PESTICIDE CERTIFICATION EXAMINATION REGISTRATION FORM INSTRUCTIONS

These instructions and application are for individuals who cannot access the online exam application and are for in-person paper exams at NYSDEC offices only. For an online or test-center exam, please register on nForm at <https://on.ny.gov/3Stq3i>

STEP 1: COMPLETE SECTION 1, YOUR PERSONAL INFORMATION

- **Name:** Enter last name, middle initial, and first name as it is recorded at the NYS Department of Motor Vehicles (NYSDMV).
- **Date of Birth:** Enter your date of birth using a 2-digit month, 2-digit day, and 4-digit year. Example: 01/08/1990.
- **NYSDMV Number Required for Exams:** A New York State pesticide certification requires a photograph for all pesticide applicators and technicians. The identification cards are produced by the NYSDMV using the photograph you have on file with their office. If you do not have a current NYS driver license or non-driver identification card, you must go to a NYSDMV office and obtain a photo image capture. Bring the NYSDMV receipt with the 9-digit NYSDMV identification number to the exam session.
- **NYSDMV number exemption:** An applicant may apply for an exemption from submitting to photographic imaging as part of the pesticide exam process if that applicant provides evidence satisfactory to the NYSDEC that taking a photograph would violate the applicant's religious beliefs forbidding the making of photographic images. This documentation must be submitted with your exam application.
- **Home Address:** Provide your home street address.
- **Mailing address:** PO Box or street address, city, state, and zip code.
- **Daytime Phone:** Enter a phone number, including area code, where the Department may reach you during business hours if there are any questions with your application.
- **E-Mail (Optional):** Provide a valid e-mail address for electronic correspondence. You will continue to receive mailing via the US Postal Service if an e-mail address is entered.

STEP 2: COMPLETE SECTION 2, CHOOSE THE EXAM(S) YOU WISH TO TAKE

For each exam session, you can register for either a combination of the core and one category/subcategory exam or one category/subcategory exam. On occasion, a Regional Office may be able to accommodate requests for up to two category/subcategory exams. You can inquire about this possibility when registering for an exam session with the Regional Office. NOTE: Certified technicians can only hold one category of certification.

- **Exam Type:** Select the type of exam you wish to take. If you are retesting, you must provide the 6-digit code from your exam results. If you are taking a recertification or add category exam you must provide your certification number.
- **Categories of Certification:** Select the category/categories you want to be certified in. A brief description of each category of certification available can be found on the Department's website at: <https://on.ny.gov/4bdJ5SL>
- **Proof of Eligibility:** Your training and/or experience must be documented and verified in order to be scheduled for an exam. Acceptable documents of eligibility for initial certification include, but are not limited to, one of the following: Original 30-hour course certificate, copy of official College Transcript or Qualification letter (must be on company letterhead, signed by applicant and supervisor, and notarized). For further detail on acceptable documents of eligibility please contact your regional DEC office (see below) to speak with a Pesticide Control Specialist.

STEP 3: COMPLETE SECTION 3, CHOOSE THE EXAM LOCATION AND DATE:

- Please choose the location where you would like to schedule your exam. It is advised that you contact the appropriate regional office directly prior to mailing your exam registration form. Each regional office maintains their exam schedule independently. Visit the Department's website at: <https://extapps.dec.ny.gov/nyspad> to view the exams available and contact the appropriate regional office (see below) for pre-registration information.

STEP 4: SUBMIT TO DEPARTMENT:

Mail your completed exam registration form, eligibility documentation, and exam fee (check or money order payable to NYSDEC) to the office where you would like to schedule your exam.

NYSDEC Region 1
Bureau of Pesticides Management
50 Circle Rd
Stony Brook, NY 11790
(631)-444-0340
r1pesticides@dec.ny.gov

NYSDEC Region 2
Bureau of Pesticides Management
1 Hunter Point Plaza
47-40 21st Street 4th Floor
Long Island City, NY 11101
(718) 482-4994
pesticidesR2@dec.ny.gov

NYSDEC Region 3
Bureau of Pesticides Management
21 S Putt Corners Rd
New Paltz, NY 12561
(845) 256-3097
r3pesticides@dec.ny.gov

NYSDEC Region 4
Bureau of Pesticides Management
1130 N Westcott Rd
Schenectady, NY 12306
(518) 357-2045
pesticides.r4@dec.ny.gov

NYS DEC Region 5
Bureau of Pesticides Management
232 Golf Course Road
Warrensburg, NY 12885
(518) 623-1200

NYS DEC Region 5
Bureau of Pesticides Management
PO Box 296
Ray Brook, NY 12977
(518) 897-1200

NYS DEC Region 6
Bureau of Pesticides Management
317 Washington Street
Watertown, NY 13601
(315) 785-2513

NYS DEC Region 6
Bureau of Pesticides Management
207 Genesee St. Rm 1404
Utica, NY 13501
(315) 793-2554

NYS DEC Region 7
Bureau of Pesticides Management
1285 Fisher Ave.
Cortland, NY 13045
(607) 218-3809
R7pesticides@dec.ny.gov

NYSDEC Region 8
Bureau of Pesticide Management
6274 E. Avon-Lima Road
Avon, NY 14414
(585) 226-5423

NYSDEC Region 8
Bureau of Pesticide Management
7291 Coon Road
Bath, NY 14810
(607) 622-8290

NYSDEC Region 9
Bureau of Pesticide Management
700 Delaware Ave.
Buffalo, NY 14209
(716) 851-7220
pesticides.r9@dec.ny.gov

NYSDEC Pesticide Certification Exam Registration Form

Section 1	<p>Last Name: _____ First Name: _____ M.I. _____</p> <p>Date of Birth: ____/____/____ NYSDMV Number: _____</p> <p>Home Address Provide your home street address: Street: _____ Apt#: _____ City: _____ State: _____ Zip: _____ County: _____</p> <p>Is your mailing address the same as your home address? Yes: ____ No: ____ If no, provide your mailing address: Street/PO Box: _____ Apt#: _____ City: _____ State: _____ Zip: _____</p> <p>(*Your mailing address cannot be your employers address unless you are self-employed)</p> <p>Daytime Phone # : (____) _____ Email: _____</p> <p>Private Applicators Only: If you are an additional Private Certified Applicator on the same farm or business as other Private Certified Applicators the certification fee may be reduced to \$5.00. To claim this reduced fee, you must provide the Primary Private Applicator's name, certification ID number, and certification expiration date. The Primary Private Applicator must have paid the full \$25.00 fee.</p> <p>Primary Applicator Name: _____ ID Number: _____ Exp Date: _____</p>																																								
Section 2	<p>Exam Type and Exam Registration Fee:</p> <p>___ New Certification (Core and Category, \$100), select the certification type: ___ Private ___ Commercial Technician ___ Commercial Applicator ___ Anti-Fouling Paint Applicator</p> <p>___ Retest (\$100), provide the 6-digit code from your previous exam results: _____</p> <p>___ Add Category (\$100 per category), Provide your current certification number: _____</p> <p>___ Recertification (\$100 per category), Provide your current certification number: _____</p> <p>Select the Core and/or Category exams you wish to take (see instructions, page 1)</p> <p>Private:</p> <table style="width: 100%; border: none;"> <tr> <td>___ Core</td> <td>___ 22 Fruit</td> <td>___ 24 Greenhouse & Florist</td> <td>___ 31 Agricultural Animal</td> </tr> <tr> <td>___ 21 Field & Forage</td> <td>___ 23 Vegetable</td> <td>___ 25 Nursery, Ornamental, & Turf</td> <td>___ 41 Aquatic Pest</td> </tr> </table> <p>Commercial Technician or Applicator:</p> <table style="width: 100%; border: none;"> <tr> <td>___ Core</td> <td>___ 3c Interior Plant Maintenance</td> <td>___ 7a Structural & Rodent Control</td> </tr> <tr> <td>___ 1a Agricultural Plant</td> <td>___ 4 Seed Treatment</td> <td>___ 7b Fumigation</td> </tr> <tr> <td>___ 1b Agricultural Animal</td> <td>___ 5a Aquatic Vegetation Control</td> <td>___ 7c Termite</td> </tr> <tr> <td>___ 1c Companion Animal</td> <td>___ 5b Aquatic Insect Control</td> <td>___ 7d Lumber & Wood Products</td> </tr> <tr> <td>___ 1d Fumigation of Soil & Ag Commodities</td> <td>___ 5c Aquatic Fish Control</td> <td>___ 7f Food Processing</td> </tr> <tr> <td>___ 2 Forest Pest Control</td> <td>___ 5d Aquatic Antifouling Paint</td> <td>___ 7g Cooling Towers, Pulp & Paper Process</td> </tr> <tr> <td>___ 3a Ornamentals, Shade Trees & Turf</td> <td>___ 6a Right-of-Way Vegetation Control</td> <td>___ 8 Public Health Pest Control</td> </tr> <tr> <td>___ 3b Turf</td> <td>___ 6b Right-of-Way in Place Pole Treatments</td> <td>___ 9 Regulatory</td> </tr> <tr> <td></td> <td></td> <td>___ 10 Demonstration & Research</td> </tr> <tr> <td></td> <td></td> <td>___ 11 Aerial Pest Control</td> </tr> </table> <p>Anti-Fouling Paint Applicator:</p> <table style="width: 100%; border: none;"> <tr> <td>___ Core</td> <td>___ 13 Aquatic Antifouling Paint</td> </tr> </table>	___ Core	___ 22 Fruit	___ 24 Greenhouse & Florist	___ 31 Agricultural Animal	___ 21 Field & Forage	___ 23 Vegetable	___ 25 Nursery, Ornamental, & Turf	___ 41 Aquatic Pest	___ Core	___ 3c Interior Plant Maintenance	___ 7a Structural & Rodent Control	___ 1a Agricultural Plant	___ 4 Seed Treatment	___ 7b Fumigation	___ 1b Agricultural Animal	___ 5a Aquatic Vegetation Control	___ 7c Termite	___ 1c Companion Animal	___ 5b Aquatic Insect Control	___ 7d Lumber & Wood Products	___ 1d Fumigation of Soil & Ag Commodities	___ 5c Aquatic Fish Control	___ 7f Food Processing	___ 2 Forest Pest Control	___ 5d Aquatic Antifouling Paint	___ 7g Cooling Towers, Pulp & Paper Process	___ 3a Ornamentals, Shade Trees & Turf	___ 6a Right-of-Way Vegetation Control	___ 8 Public Health Pest Control	___ 3b Turf	___ 6b Right-of-Way in Place Pole Treatments	___ 9 Regulatory			___ 10 Demonstration & Research			___ 11 Aerial Pest Control	___ Core	___ 13 Aquatic Antifouling Paint
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Section 3	<p>Exam Session: Enter the Location, Date and Time for the exam you wish to attend. (see instructions, page 2)</p> <p>Exam Location (region number and city): _____</p> <p>Exam Date: 1st Choice: _____ 2nd Choice: _____</p>																																								

DAY OF EXAM:

Please bring with you:

- No. 2 pencil and a pen
- Calculator (non-programmable). Any other type of electronic device will not be allowed.
- Appropriate Category manuals for certification and private recertification exams (Applicators, specifically those testing in categories 24 or 11, may want the Worker Protection Standard WPS, How To Comply manual). Manuals cannot be used for commercial recertification exams.
- Government issued driver license or non-driver photo ID.

AFTER THE EXAM

Certification Fee: You will be notified of your exam(s) scores through a Pass/Fail Notice. If you pass the exam(s), an invoice for the certification fee will be sent to you by mail. A certification fee is required before a pesticide certification ID card can be processed. After you pay the invoice, you will receive your certification ID card in 2-3 weeks.

Certification Type	Category	Cost	Certification Cycle
Commercial Technician	One Category	\$450	3 Years
Commercial Applicator	First Category	\$450	
	Each Additional Category	\$150	
Anti-Fouling Paint Applicator	One Category	\$450	5 Years
Private Applicator (First Applicator)	Any Category	\$25	
Private Applicator (Additional Applicators)		\$5	

Add Category Fee: The certification fee for a commercial applicator adding a category (\$150) to an existing certification is prorated based on how much time is left on the applicator's current certification cycle with the maximum certification fee being \$150.

If you fail an exam, you must resubmit an Exam Registration Form and exam fee to sign up and/or retake an exam.