



**APPLICATION FOR THE COMMERCIAL PEST CONTROL LICENSING EXAMINATION**  
**TENNESSEE DEPARTMENT OF AGRICULTURE**, Regulatory Services Division, Pesticide Section  
 EAC, Box 40627, Melrose Station, Nashville, TN 37204, Phone Number (615) 837-5148  
 Fax: (615) 837-5012

1. Please print or type. Your application must be signed and dated. **Applications must be returned by the 10th of the month preceding the exam with all of the requested information completed.** Exams are given in January, April, July and October.
2. Enclose all required fees with the application. The fee is **\$150.00** for each initial or re-examination category. **YOUR FEE WILL NOT BE REFUNDED IF YOU FAIL TO SHOW FOR THE EXAM.**
3. You must pass the *Certification Exam* prior to taking the license exam. If you have passed the certification exam in another state and TDA has a reciprocal agreement with that state, you must provide proof with your application.
4. You must qualify for the license exam. **If you do not meet the qualifications, or if you fail to provide the required documentation, YOUR APPLICATION WILL BE REJECTED.** Thoroughly review the qualifications and documentation requirements listed on the reverse side of the application. You will receive a letter showing the result of your application prior to the exam.
5. Make checks payable to the Tennessee Department of Agriculture and return to the above address or you may pay by credit card. If paying by Master Card, Visa, Discover or Am Express, Use the line below to **indicate which one & enter your complete credit card number & the expiration date plus the cardholder's name.**

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Name: _____	Date of Birth: _____	Soc Sec Num: _____
Home Address: _____	Phone: _____	
Work Address: _____	Phone: _____	

Examination Title	I am applying to take this exam (check here)	I have previously taken this exam (check here)
WDO – Wood Destroying Organism		
GRC - General Pest and Rodent Control		
WEC - Weed Control, Right-of-Way / Industrial		
AQW – Aquatic Weed Control		
FUS - Fumigation – Soil		
FUM - Fumigation		
BDC - Bird Control		
AGE - Agricultural Ground Equipment		
HLT - Horticulture Lawn and Turf		
HRI - Horticulture Interior		
PHMC – Public Health Mosquito Control		

The following categories require an appearance before the Pest Control Board. Describe the type of work you will do with the license.

Examination Title	I am applying	Type of work I plan to do
PCC - Pest Control Consultant		
SPC – Special Category		

**RELATED WORK EXPERIENCE:** List only your experience relevant to pest control or the application of pesticides. Start with your most recent position and work back in time, using additional sheets if necessary. Explain clearly what your duties were. *This information will be verified.*

Employment Dates:	Employer: _____ Supervisor: _____
From: _____	Address: _____ Phone: _____
To: _____	Position Title: _____ Your Duties: _____
	_____

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From: _____	Address: _____ Phone: _____
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	_____

**Applicant's Signature and date:** \_\_\_\_\_

**If you are qualifying for the exam by work experience, the Certificate of Experience must be completed by the licensee(s) who have supervised you for your two (2) year minimum. Submit additional copies if necessary. Non-Tennessee licensees must provide proof of their current license with the Certificate of Experience. If you are qualifying by degree, you must enclose a copy of your transcript showing your major and date of graduation. If you are qualifying by being licensed in another State, you must enclose a copy of both sides of your license.**

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## CERTIFICATE OF EXPERIENCE

I, \_\_\_\_\_, a commercial pest control operator in the State of \_\_\_\_\_, holder of a current license, number \_\_\_\_\_, certify that \_\_\_\_\_ of \_\_\_\_\_ has worked under my license in the category(ies) of \_\_\_\_\_ for period of \_\_\_\_\_ years and \_\_\_\_\_ months with the duties of \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Signature and date:** \_\_\_\_\_

**Business address and phone:** \_\_\_\_\_

**ADDITIONAL INSTRUCTIONS FOR THE  
LICENSE EXAM APPLICATION**

1. In the area requesting your home and work address make sure you include your city and zip code.
2. On the back of the application, the experience needs to be filled out as requested, if the required documentation is not enclosed or the experience is not filled out on the back of the application, **IT WILL BE RETURNED TO YOU.** *This information is needed each time you submit an application, it does not matter if it's a re-exam or application to take a different category, we still need this information.*
3. You must qualify for the license exam. If you need to add additional documentation or information with your application make sure it is included – **applications must have ALL required documentation attached.** All documentation will be verified. **If you do not provide the required documentation with your application, YOUR APPLICATION WILL BE REJECTED.**
4. All applications must be post marked by the 10<sup>th</sup> of the month preceding (before) the exam or **THEY WILL NOT BE ACCEPTED.** The deadline is on the application.
5. You will receive confirmation regarding your status in taking the license exam along with the day of your exam, time, place, and a study sheet. **PLEASE READ YOUR CONFIRMATION LETTER CAREFULLY FOR YOUR TEST DATE.** *Do not get the post marked date and your exam date confused or you will miss taking your exam.*
6. If you cannot take your exam on the scheduled date, because of various circumstances, you need to contact Mary Borthick at (615) 837-5310.
7. If you have any questions, **please call Mary Borthick at (615) 837 - 5310.**

***PEST CONTROL LICENSE EXAM DATES FOR 2010***

Jan. 12th-13th, 2010	App & fee need to be in office by Dec. 10, 2009
April 13th-14th, 2010	App & fee need to be in office by Mar. 10, 2010
July 13th-14th, 2010	App & fee need to be in office by June 10, 2010
Oct. 12th-13th, 2010	App & fee need to be in office by Sept. 10, 2010

**Exams given on the first day – AGE, AQW, FUM, FUS, HLT, HRI, WEC & PHMC**

**Exams given on the second day – BDC, GRC & WDO**