

EXAMINATION REGISTRATION FORM – Pesticide Applicator
Department of Post-Secondary Education, Training & Labour
Apprenticeship and Certification Branch – (01/2007)

IMPORTANT INSTRUCTIONS – PLEASE READ CAREFULLY

- Exams can be written at any scheduled session. However, a minimum of eight (8) candidates are required and a maximum of twenty (20) can be accommodated per exam session. Private/group sessions may be arranged with the Pesticide Applicator Exam Administrator at least three (3) weeks prior to the date requested. Candidates may write two (2) exams per session.
- The fee to write or re-write is \$50 per session, by certified cheque or money order, made payable to the Minister of Finance. You must send your Annual Certification fee of \$25 to be eligible to write at the exam session. Payment must accompany this registration form **at least two (2) weeks** prior to the requested session. It is mandatory that upon arrival you show a valid **PHOTO ID**.
- Candidates failing to show for a scheduled exam session, without giving the **Applicator Pesticide Exam Administrator 5 working days notice by letter or by telephone**, must submit the \$50 fee when re-registering. **Fees are non-refundable and non-transferable.** We **do not** accept personal cheques.

PLEASE PRINT CLEARLY

Family Name: _____ First Name: _____ Initial: _____
 Previous Name (if any): _____ **Exam to be written in:** French English
 Permanent Address: _____
 _____ Postal Code: _____
 Mailing Address (if different from above): _____ Postal Code: _____
 Permanent Telephone No. _____ - _____ Alternate Telephone No: _____ - _____
 Social Insurance No. _____ Birth Date: __ __ / __ __ / __ __ Month __ __ Day __ __ Male Female
 E-mail address: _____

WHICH OF THE FOLLOWING EXAMINATIONS ARE YOU REQUESTING TO WRITE?

- 20 Core (1 hour) 20 Landscape (1 hour) Re-certification (after 5 years-both exams)
 21 Core Re-write (1 hour) 21 Landscape Re-write (1 hour)

WHICH SESSION ARE YOU REQUESTING TO WRITE THIS EXAM (Location & Date)?

Location : _____ **Date :** _____

Candidate Signature: _____ **Date:** _____
Signature authorizes this information and exam results to be shared with Department of Environment.

Forward this registration form and the fee, **at least two weeks** prior to the scheduled examination session, to:
 Pesticide Applicator Exam Administrator
 Department of Post-Secondary Education, Training & Labour
 Apprenticeship and Certification
 PO Box 6000, 470 York Street, Suite 120
 Fredericton NB E3B 5H1 Phone 506-453-8238 Fax 506-444-4078

FOR OFFICIAL USE ONLY

Date scheduled to write: _____ **Location:** _____
Fee **Re-write Fee** **Client ID No:** _____