



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Materials Management & Compliance Assurance
Engineering & Enforcement Division

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.

CPPU USE ONLY	
App #:	_____
Doc #:	_____
Check #:	_____
Program: Pesticides	

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

Application Type Check the appropriate box(es) identifying the application type.	Examination Fee	License Fee
1. <input type="checkbox"/> New Exam Application (no previous supervisor license) <input type="checkbox"/> Retake of an Exam	\$200.00 [928]	*See note below Governmental employees see box #4
2. <input type="checkbox"/> Modification - Existing Certification No.: _____ Expiration Date: _____ <input type="checkbox"/> Exam to add a New Category	\$200.00 [929]	\$0
<input type="checkbox"/> Change in contact or employer information	\$0	\$0
3. <input type="checkbox"/> Renewal Application Existing Certification No.: _____ Expiration Date: _____ Renewal Application must be received prior to the expiration date or the applicant must re-test – there is no grace period		\$285.00 [917] Governmental employees see box #4
4. <input type="checkbox"/> 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 certification fees are waived. Note: There is no governmental waiver for the Arborist exam or certification.	\$0	\$0

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

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)

- | | | |
|---|--|--|
| <input type="checkbox"/> (1a) Agricultural Pest | <input type="checkbox"/> (3a) Ornamental & Turf | <input type="checkbox"/> (5) Aquatic |
| <input type="checkbox"/> (1b) Harvested Crops | <input type="checkbox"/> (3b) Golf Course Supt | <input type="checkbox"/> (6) Right of Way |
| <input type="checkbox"/> (2) Forest Pest | <input type="checkbox"/> (3c) Interior Landscaping | <input type="checkbox"/> (8) *Public Health |
| | <input type="checkbox"/> (3d) Arborist | <input type="checkbox"/> (9) *Regulatory |
| | | <input type="checkbox"/> (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)

- | | |
|--|---|
| <input type="checkbox"/> (7a) General Pest | <input type="checkbox"/> (7d) Rodent |
| <input type="checkbox"/> (7b) Termite & WDO | <input type="checkbox"/> (7e) Bird |
| <input type="checkbox"/> (7ci) Fumigation – Structural | <input type="checkbox"/> (7f) Mosquito & Biting Flies |
| <input type="checkbox"/> (7cii) Fumigation – Soil | <input type="checkbox"/> (7g) Wood Preservation |
| <input type="checkbox"/> (7ciii) Fumigation – Pipe | <input type="checkbox"/> (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:

CENTRAL 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.