



APPLICATION FOR THE COMMERCIAL PEST CONTROL LICENSING EXAMINATION
TENNESSEE DEPARTMENT OF AGRICULTURE, Consumer & Industry Services, 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 for the exam with all of the requested information completed.**
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. Once approved, you will receive a confirmation allowing you to schedule your exam with PSI Services. Scheduling is done at the PSI web site: www.psiexams.com , or (800) 733-9267.
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.**

Card# _____ Exp _____ Name _____

Name: _____	Date of Birth _____	Soc Sec Num: _____
Home Address: _____	Phone: _____	
Work Name/Address: _____	Phone: _____	
Applicant Email address _____		

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 related 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: From: _____ To: _____	Employer: _____ Supervisor: _____ Address: _____ Phone: _____ Position Title: _____ Your Duties: _____ _____
---	---

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

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

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.

CERTIFICATE OF EXPERIENCE
(Completed by the licensee that the applicant has worked under)

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

Licensee Signature and date: _____

Business name/ 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. Also a valid email address.
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 submitted with your application YOUR APPLICATION WILL BE REJECTED.**
5. You will receive confirmation regarding your status for taking the license exam. You may then schedule your exam with PSI. Your exam eligibility is valid for one year. If you fail the exam, you must reapply each time with the Department.
6. Further information may be found in the TDA/PSI Pesticide Licensure candidate Information Bulletin.
7. If you cannot take your exam on the scheduled date, because of various circumstances, you need to contact PSI at (800) 733-9267 or www.psiexams.com , ***TWO DAYS BEFORE THE DAY OF EXAM (S), or you will forfeit the exam fee.***
8. If you have any questions, please call **Phil Hurst at 615-837-5404 or 615-837-5148.**