KEY ID
Ⓐ Ⓑ Ⓒ Ⓓ

SCORING & PRINTING OPTIONS: ○ RESCORE ○ MULTIPLE ANSWER SCORING ○ CORRECT ANSWER ○ MARK X ○ TOTAL ONLY
MARK ONLY ONE

FEED IN THIS DIRECTION

	T	F			
1	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
2	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
3	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
4	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
5	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
6	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
7	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
8	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
9	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
10	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
11	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
12	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
13	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
14	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
15	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
16	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
17	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
18	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
19	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
20	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
21	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
22	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
23	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
24	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
25	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
26	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
27	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
28	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
29	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
30	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
31	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
32	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
33	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
34	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
35	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
36	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
37	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
38	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
39	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
40	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
41	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
42	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
43	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
44	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
45	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
46	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
47	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
48	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
49	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
50	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
51	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
52	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
53	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
54	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
55	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
56	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
57	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
58	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
59	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
60	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
61	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
62	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
63	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
64	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
65	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
66	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
67	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
68	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
69	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
70	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
71	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
72	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
73	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
74	Ⓐ	Ⓑ	Ⓒ	Ⓓ	
75	Ⓐ	Ⓑ	Ⓒ	Ⓓ	

Virginia Department of Agriculture & Consumer Services Private Pesticide Applicator Certification Exam

ANSWER KEY INFO.
OF KEYS
ITEM COUNT

0	0	0	2
1	1	1	3
	2	2	4
	3	3	
	4	4	
	5	5	
	6	6	
	7	7	
	8	8	
	9	9	

MARKING INSTRUCTIONS

Use a No. 2 Pencil

Ⓐ Ⓑ ● Ⓓ
Fill oval completely

Ⓐ Ⓑ Ⓒ Ⓓ
Erase cleanly

FEED IN THIS DIRECTION

NUMBER CORRECT	
PERCENT CORRECT	
ROSTER NUMBER	
SCORE	
RESCORE	

NAME

Last Name | First Name | M | SUFFIX

Category
○ Private
○ Other_____

SOCIAL SECURITY NUMBER

DATE
Mo. | Day | Year

TEST LOCATION CODE

ADDRESS
Street Number and Name | City

State | Zip Code + 4

FIPS CODE

TELEPHONE
Area Code | Number

CERTIFICATE NUMBER

○ Initial
○ Renewal

SCANTRON Mark Reflex® EM-250801-1:654 QM07 Adapted from Test Sheet 100/W.
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