

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF PESTICIDE SERVICES

PO Box 526 • Richmond, VA 23218
Phone: (804) 371-0873 • Fax: (804) 786-9149 • www.vdacs.virginia.gov

**PESTICIDE REGISTERED TECHNICIAN REQUEST
FOR AUTHORIZATION TO TAKE
PESTICIDE APPLICATOR EXAMINATION**
(Do not use this form for initial certification or certificate renewal)

RT-B

In accordance with of the Virginia Pesticide Control Act, and regulations adopted thereunder, application is hereby made to take the written examination for Registered Technician. **(SEE PAGE 2 FOR REQUIREMENTS AND INSTRUCTIONS)**

Please check the reason for requesting examination:

Customer* or Certificate Number
(*On previous authorization letter)

- ☐ Retesting (previous exams not passed or taken): _____
- ☐ Reinstate an expired certificate: _____
- ☐ Recertify in lieu of attending a recertification course: _____

The **non-refundable** application fee is \$50.00. Please make the check payable to: **Treasurer of Virginia**. Mail the application and check to the above address. **Federal, State, and Local Government employees are exempt from the fee. All certificates must be renewed by June 30th of the year provided on the certificate.**

Please type or print the following information:

SOCIAL SECURITY NUMBER (REQUIRED): _____ - _____ - _____ **DATE OF BIRTH:** _____
MM / DD / YYYY

NAME OF APPLICANT: _____
(Last) (First) (M.I.)

MAILING ADDRESS: _____ **COUNTY:** _____
(Street or RFD)

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

HOME PHONE: () - _____ **EMAIL:** _____

EMPLOYED BY (Company or agency you work for): _____

DATE OF HIRE OR TRANSFER (REQUIRED): _____

PESTICIDE BUSINESS LICENSE NO.: _____ **BUSINESS PHONE NO.:** () - _____

BUSINESS ADDRESS: _____ **COUNTY:** _____
(Street or RFD)

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

I certify by signing below that I am the person applying for certification and that I have received at least 40 hours of training in the skills necessary to properly apply pesticides in the performance of my job, and I agree to abide by all the laws and regulations governing pesticide usage. In addition, I certify that I am over the age of 18, and eligible for pesticide certification in the Commonwealth of Virginia.

Signature of Applicant: _____

Date: _____

FOR DEPARTMENT USE ONLY:

Certificate No.:

Date Issued:

Keyed By:

APPLICATION FEE: \$50.00

VDACS ACCT. 756-09-02437

VDACS-07212-B 07/19

(SEE PAGE 2 FOR TESTING INSTRUCTIONS)

INSTRUCTIONS FOR COMPLETING REGISTERED TECHNICIAN CERTIFICATION PROCESS

1. Return the completed application with payment. (Government employees are fee-exempt). Upon agency review and approval, you will be sent a Notice of Authorization to take the certification exam.
2. Individuals must take the exam within 90 days of being hired or transferred into a position where duties and functions involve the commercial use of pesticides. *Individuals failing to take and pass the exam within 90 days of the initial examination may not apply pesticides commercially, even under the direct on site supervision, until they reapply, following the procedures outlined in 2VAC5-685-20 and pass the examination.*
3. After receiving a Notice of Authorization, report to an approved VDACS or DMV testing location to take the written examination, a 50 question multiple-choice test. Computerized exams at the DMV Customer Service Centers are scored as you are taking them, and you will be notified of your score as you complete each exam. Written exams taken at VDACS testing centers will be sent to the Office of Pesticide Services in Richmond to be scored.
4. If you pass the Registered Technician examination, the Office of Pesticide Services (OPS) will notify you, and send you your certificate, generally within 10 workdays. If you take and pass your exam at one of the DMV Customer Service Centers, you will be issued a temporary certificate, which is good for seven days. Your permanent certificate will be mailed to you by OPS within seven days.

Upon certification, Registered Technicians may apply general-use pesticides unsupervised and restricted-use pesticides only under the direct supervision of a Certified Commercial Applicator.

If you have further questions or need additional help, you may call our office at (804) 371-0873 or email Janita.Royal@vdacs.virginia.gov.