

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
OFFICE OF PESTICIDE SERVICES**

P. O. Box 1163 • Richmond, VA 23218  
Phone: (804) 786-3798 • Fax: (804) 786-9149 • [www.vdacs.virginia.gov](http://www.vdacs.virginia.gov)

**PRIVATE PESTICIDE APPLICATOR REQUEST FOR AUTHORIZATION  
TO  
TAKE PESTICIDE APPLICATOR EXAMINATION AT  
DEPARTMENT OF MOTOR VEHICLES CUSTOMER SERVICE CENTER**

Please check the appropriate box below:

New Applicator       Retesting       Reinstatement       Recertify

**PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION:**

**Person taking the Virginia Private Pesticide Applicator Exam:**

SOCIAL SECURITY NO. (REQUIRED) : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

HOME PHONE NO.: \_\_\_\_\_ BUSINESS PHONE NO.: \_\_\_\_\_  
(Area Code) (Area Code)

NAME OF APPLICANT: \_\_\_\_\_  
(Last) (First) (M.I.)

MAILING ADDRESS: \_\_\_\_\_  
(Street or RFD)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Please mail the completed form to the address above or fax to 804-786-9149.  
Wait to receive authorization before reporting to the DMV.**

Certificate Number : \_\_\_\_\_  
Date Keyed: \_\_\_\_\_  
Keyed by: \_\_\_\_\_