



EXAM APPLICATION:

CATCH BASIN APPLICATOR PERMIT PROGRAM

EXAM CANDIDATE INFORMATION (PLEASE INCLUDE SPACES IN BETWEEN WORDS)

Last Name: M.I. First Name: Mailing Address (Street or P.O. Box): Apt #: City/Town: State: Zip Code: Social Security Number (SSN): State of Residence: Telephone Number:

EMPLOYER INFORMATION

Name of State or Municipal Agency (Employer): Address of State or Municipal Agency (Street or P.O. Box): City/Town: State: Zip Code: Telephone Number:

SUPERVISOR INFORMATION (Identification of Licensed or Certified Person who is providing the Supervision):

Last Name: M.I. First Name: Name of State or Municipal Agency Supervisor is Employed at: City/Town: License or Certification Number of Supervisor:

EXAM AND LOCATION INFORMATION

A. Choose ONE exam date from the Schedule. Exam location is determined by the date of the exam. (schedule available at http://www.mass.gov/eea/agencies/agr/pesticides/catch-basin-applicator-permit.html) B. Exam Date: M M D D Y Y Y Y

MAILING INFORMATION

To submit this application via U.S. MAIL, send to: Division of Crop & Pest Services - Catch Basin Applicator Permit Program Massachusetts Department of Agricultural Resources 251 Causeway St., Suite 500 Boston, MA 02114-2151

SIGNATURE OF APPLICANT (Required)

I attest that I will be 18 years of age as of the date of the exam and that all of the information contained in this form is true. Signature Today's Date