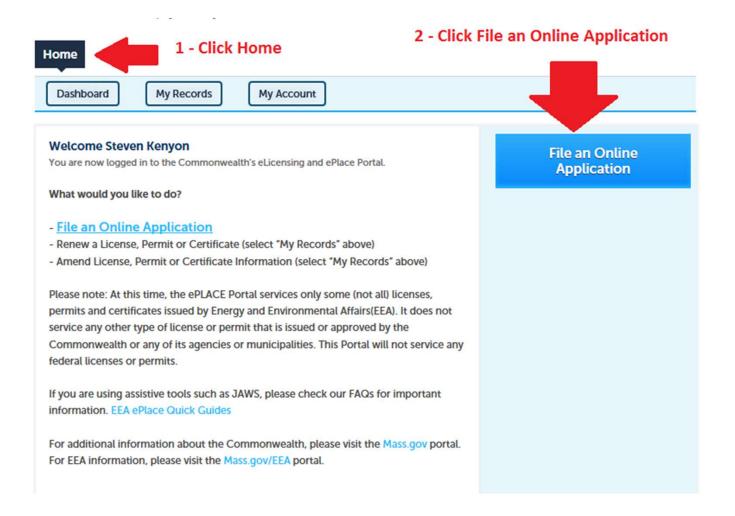
Applying for the Catch Basin Exam using the ePLACE Portal

By MDAR Pesticide Program

How to Apply for an Exam



Accept Terms and Conditions

Home

File an Online Application

Online Applications and Record Authorization Form

Welcome to the Commonwealth of Massachusetts eLicensing and ePermitting portal. In order to continue, you must review and accept the terms outlined as set forth below. Click the "Continue" button in order to proceed with the online submission process.

In order to perform licensing and permitting transactions online, you were required to register for the eLicensing and ePermitting Portal. All registered users of the eLicensing and ePermitting Portal are required to agree to the following:

1. Use of the Commonwealth of Massachusetts eLicensing and ePermitting Portal is subject to federal and state laws, which may be amended from time to time, including laws governing unauthorized access to computer systems. Online inquiries and transactions create electronic records that in some instances might

I have read and accepted the above terms.



Choose Energy and Environmental Affairs (DEP) Menu

Home

File an Online Application

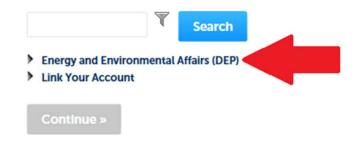
eLicensing and ePermitting Online Services

New Applicants and Consumers:

The Commonwealth of Massachusetts eLicensing and ePermitting portal provides the ability to file applications for licensure & permits and submit complaints. From the listing below, please select the service you would like to use and click the continue button.

Existing Licensees or Permit Holders:

Click Home and use the "My Records" tab to renew or amend a license or permit. If your license or permit is not listed under the "My Records" tab, please select the "Link your account" option found in section below. You will be prompted for a "record identification code" and "authorization code." from the Account Link notification you received. If you have not received a notification letter, please contact the ePLACE Help Desk Team at (844) 733-7522 or (844) 73-ePLACE between the hours of 7:30 AM - 5:00 PM Monday-Friday.



Select Apply for MDAR Authorization

Home

File an Online Application

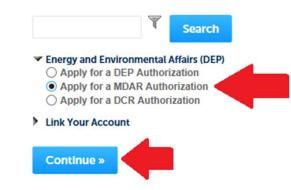
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Open Pesticide Program Options Menu

Home
MDAR Applications

Select a Record Type

Choose one of the following available record types. For assistance or to apply for a record type not listed below please contact us.

	T	Search
•	Pesticide Program Option	
	Continue Application	»

Select Pesticide Exam Application

Home
MDAR Applications
Select a Record Type
Choose one of the following available record types. For assistance or to apply for a record type not listed below please contact us.
Search
 Pesticide Program Options MDAR - Massachusetts Pesticide Exam Application MDAR - Massachusetts Pesticide License Application
Continue Application »

Enter Personal Information

Home **MDAR Applications** MDAR - Massachusetts Pesticide Exam Application 1 Application Information 3 Applicant and Contributors 2 Documents **4** Review 5 Record Submitted Step 1: Application Information > Page 1 of 1 * indicates a required field. Personal Information Pursuant to the requirements set forth in M.G.L. c. 132B and the regulations promulgated thereunder at 333 CMR 2.00 through 14.00 et seq., you are required to provide the Department with all requested information. This includes the entry of your social security number and date of birth, which information cannot be modified after you submit the application through the EIPAS System. Failure to provide this information or to falsify this information will result in the denial of the requested license, permit, and/or certificate and may result in further legal action. Social Security Number: (?) * Date of Birth: *Attestation: I hereby acknowledge that the information provided includes personal information, including but not limited to, my social security number and date of birth, and that sharing of any account login information may result in another individual having access to such information. I hereby release and indemnify the Massachusetts Department of Agricultural Resources and the Commonwealth of Massachusetts from any legal responsibility, liability, cause of action, claims, or damages caused by any individual as a result of my sharing or giving access, whether knowingly or due to negligence, to this account login information with any other individual or entity. *I have read and agree with the above attestation: * Date: Auto Filled Select Exam Type:

Complete Personal Information – and Select "Yes" as Government Employee

* Attestation:

I hereby acknowledge that the information provided includes personal information, including but not limited to, my social security number and date of birth, and that sharing of any account login information may result in another individual having access to such information. I hereby release and indemnify the Massachusetts Department of Agricultural Resources and the Commonwealth of Massachusetts from any legal responsibility, liability, cause of action, claims, or damages caused by any individual as a result of my sharing or giving access, whether knowingly or due to negligence, to this account login information with any other individual or entity.

*I have read and agree with the above attestation:

 \checkmark

* Date:

05/21/2018

Select Exam Type:



Add Supervisor Information with Valid License Number AL- or CC- Number

MDAR - Massac	husetts Pestic	ide Exam Applicat	ion		
1 Application Information	2 Do	cuments	3 Applicant and Contributors	4 Review	5 Record Submitted
step 3: Appli	cant and Co	ontributors > Pa	ge 1		
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ontact information	nployer informatio		New" button below. If yo	u own/operate your o	

Applicant Information

To View your contact, click the View link.

Applicant Information:	
Steven Edward Antunes-Kenyon	
251 Causeway ST; Suite 500 Boston, MA, 02114	
Telephone #: 617-626-1784 Email: steve.kenyon@state.ma.us	
receptore #. 01-020-104 Email: steve.senfor@state.ma.us	

View

Continue Application »

Save and resume later

Supervisor is Required!



An error has occurred.

Please add atleast one Supervisor Information as a contact type

MDAR - Massachusetts Pesticide Exam Application

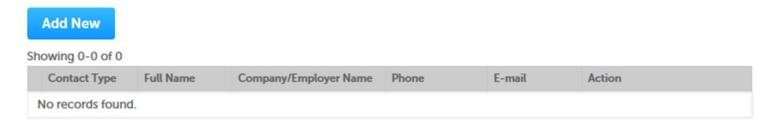
1 Application Information	2 Documents	3 Applicant and Contributors	4 Review	5 Record Submitted
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Step 3: Applicant and Contributors > Page 1

* indicates a required field.

Employer / Supervisor Info

Please enter your employer information by clicking the "Add New" button below. If you own/operate your own business, please enter your business contact information.



Select Contact Type

Step 3: Applicant and Co	ontributors>Page 1	* indicates a required field.
Employer / Supervisor Info	indicates a required netd.	
Please enter your employer informati contact information.	on by clicking the "Add New" button below. If you own/operate y	our own business, please enter your business
	Select Contact Type	×
Showing 0-0 of 0 Contact Type Full Name	*Type: Supervisor Information	ction
No records found.	Continue Discard Changes	
Applicant Information		
To View your contact, click the View	link.	

Enter Contact Details

Contact Information			×
Company Name or Emp	loyer Name:	License number of Supervis	sor: *
First Name:	Middle Initial:	*Last Name:	
Telephone Number:	E-mail:	Fax:	
Address / P.O. Box			
City/Town:	* State:	*Zip Code:	
	Select	*	

Supervisor Contact Added Successfully

Step 3: Applicant and Contributors > Page 1

* indicates a required field.

Employer / Supervisor Info

Please enter your employer information by clicking the "Add New" button below. If you own/operate your own business, please enter your business contact information.

Add New

Contact added successfully.

Showing 1-1 of 1

Review and Certify Top Section

MDAR - Massachusetts Pesticide Exam Application

1 Application Information	2 Documents	3 Applicant and Contributors	4 Review	5 Record Submitted
		lication" button to make chang	s, if needed.	Save and resume late
Personal Informat	ion	Edit Application		
			12345678	
Social Security Number		0	12345678 1/01/1986	
Social Security Number Date of Birth:		0		
Social Security Number Date of Birth: Attestation:		0 0 Y	1/01/1986	
Personal Informat Social Security Number Date of Birth: Attestation: Date: Select Exam Type:	:	0 0 Y	1/01/1986 es	
Social Security Number Date of Birth: Attestation: Date:	:	0 0 7 0	1/01/1986 es	

History Information

Review and Certify Bottom Section

Employer / Supervisor Info

wing 1-1 of 1					
Contact Type	Full Name	Company/Employer Name	Phone	E-mail	Action
Supervisor Information	John Q. Public	Agency Name Entered Here	617-626-1700	john.q.public@mass.gov	Edit

Applicant Information

Steven Edward Antunes-Kenyon 251 Causeway ST; Suite 500 Boston, MA, 02114 Telephone Number:617-626-1784 E-mail:steve.kenyon@state.ma.us

I hereby certify under the penalties of perjury that I have personally examined the information provided and that it is true, accurate, and complete. I further acknowledge that the submission of any false information may result in the denial, suspension, and/or revocation of any license, certification, and/or permit issued by the Massachusetts Department of Agricultural Resources and may also result in legal action in accordance with M.G.L. c. 132B and the laws of the Commonwealth of Massachusetts.

By checking the box below, I understand and agree that I am electronically signing and filing this application.

✓ I have read and agree with the above attestation.

Date: 05/21/2018

5

Continue Application »

Save and resume later

After Successful Exam Registration You Must then Schedule Your Exam

Record 18-EXAM-002087:		Add to collection
lecord Status: Exam Not S	cheduled	
Record Info 🔻	Payments 🔻	Education 💌
		Education Menu and click on Examination. Then click on the
		Education Menu and click on Examination. Then click on the
ction menu and selec		Education Menu and click on Examination. Then click on the
Action menu and select		Education Menu and click on Examination. Then click on t
ction menu and selec		Education Menu and click on Examination. Then click on

Schedule the Exam

Record 18-EXAM-002087: Record Status: Exam Not S				Add to collection
Record Info 🔻	Payments 🔻	Education 🔻		
To schedule an exami Action menu and sele		Education Menu and	d click on Examinat	ion. Then click on the
Examination				
Pending (1)				
Click on Actions to Sc			Actions 🗸	
For bulletin click here	t-		View Details	
Catch Basin Applicator Exam			Schedule	
Date and Time: Undefined			-	
Location: Undefined				
Provider: Undefined				
Ready to Schedule				
There are no examinations	s ready to schedule for this	record.		
Scheduled				
There are no scheduled ex	caminations for this record.			
Completed				
There are no completed ex	xaminations for this record	L.		

Select an Exam Date

Available Sched	ule Options for	r Catch Basin Applica	tor Exam			
Provider:	City:	State:				
Select 🔻	Select 🔻	SelectV				
From (date):	Тс	o (date):				
05/21/2018	0	5/21/2019				
Filter						
Showing 1-10 o	of 11					
Provider	Fee	Date	Weekday	Start Time	End Time	Examination Site
						The Lantana 45 Scanlor
O MDAR	\$0.00	0 06/01/2018	Friday	09:00 AM	10:00 AM	02368 United States
						Springfield Technical Co
O MDAR	\$0.00	06/06/2018	Wednesday	09:00 AM	10:00 AM	Building 2- Scibelli Hall; Armory Square Springfi
						States
MDAR	\$0.00	06/22/2018	Friday	09:00 AM	10:00 AM	The Lantana 45 Scanlor 02368 United States
						obsoo onned states
O MDAR	\$0.00	07/06/2018	Friday	09:00 AM	10:00 AM	The Lantana 45 Scanlor 02368 United States
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O MDAR	\$0.00	07/13/2018	Friday	09:00 AM	10:00 AM	The Lantana 45 Scanlor 02368 United States
						02500 United States
O MDAR	\$0.00	08/03/2018	Friday	09:00 AM	10:00 AM	The Lantana 45 Scanlor

Confirm Your Choice

Schedule an Examination

Confirm your selection and fill in the required information, if any.

Examination:	Catch Basin Applicator Exam			
Provider:	MDAR			
Time:	06/01/2018 Friday 09:00 AM ~ 10:00 AM			
Supported Languages:	English			
Location:	The Lantana 45 Scanlon Drive Randolph MA 02368 United States			
Available Seats:	117			
Accessibility:	(K) Yes			

Fees

Amount

×

\$0.00

Instructions:

Passing score should be 35 or higher.

Accessibility:

In the event that you need to request a reasonable accommodation due to disability, please contact Steven Antunes-Kenyon, Pesticide Operations Coordinator, at steve kenyon@state.ma.us or 617-626-1784 for additional information. Please be advised that you will be required to submit documentation to obtain a reasonable accommodation, which shall be determined by the Massachusetts Department of Agricultural Resources in accordance with M.G.L. c. 151B, the Americans With Disabilities Act, and any other applicable state or federal law.

Driving Directions:

Please use Google Maps (https://www.google.com/maps) for detailed directions.

Back Cancel Confirm

Check My Records



Showing 1-1 of 1 | Download results | Add to collection

Date	Identifying Number	Record Type	Project Name	Expiration Date	Status	Action
05/21/2018	18-EXAM-002087	MDAR - Massachusetts Pesticide Exam Application	Catch Basin Permit		Exam Scheduled	

Receiving Exam Results

- Results are sent automatically by email to the examinee
- Results may also be viewed by logging into ePLACE Portal Account and clicking the "My Records" button

ePLACE Technical Support

- Need Help? For technical assistance with the ePLACE website, please call the ePLACE Help Desk Team at 844-73-ePLAC (844-733-7522), 7:30 AM-5:00 PM, Monday-Friday (except on holidays)
- You can also email <u>ePLACE helpdesk@state.ma.us</u>
- For assistance with non-technical questions, please contact the MDAR directly

Thank You

- Additional Questions?
 - Steven Antunes-Kenyon, Pesticide Operations
 Coordinator
 - Office Phone: (617) 626-1784
 - Email: steve.kenyon@state.ma.us