APPLICATION FOR RESTRICTED USE DEALER EXAM

Please complete an application for each candidate by typing or printing the requested information. Mail the completed form with $10.00 exam fee (please make check payable to Treasurer, State of Maine) to: Board of Pesticides Control
28 State House Station
Augusta, ME 04333-0028

NAME SS# - -

HOME ADDRESS
Street City State Zip

COMPANY

BUSINESS MAILING ADDRESS

Telephone ( ) -
City State Zip

Study material is available from:
University of Maine Cooperative Extension
Pest Management Office
491 College Avenue
Orono, ME 04473

Telephone (within State of Maine) 1-800-287-0279 (out of State of Maine) 207-581-3880

Exam Schedule: Exam appointments will be sent to all applicants. In order to avoid conflicts, please check your preference for morning or afternoon and indicate dates that would be difficult for you.
☐ Morning ☐ Afternoon Dates to Avoid_____

IMPORTANT NOTES: All exam fees shall be forfeited if an applicant fails to notify the Board that he/she cannot sit for the exam on the scheduled date at least 24 hours in advance of the scheduled exam. Re-application shall require an additional $15.00 fee.

FOR BOARD USES ONLY		
Fee Required	Fee Paid	
CK#	CK Date	CK Amt
Appointment		
Notes		