

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		Date of Birth (required)	
Email Address (required)		Home Phone	
Home Mailing Address			
City	State	Zip Code	

Company Name		
Business Email Address (required)		Business Phone
Business Mailing Address		
Business Physical Address (if different from above)		
City	State	Zip Code

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

IMPORTANT NOTES: Less than 24 hours' notice or canceling two times in a row results in loss of exam fess and an additional \$15.00 reapplication fee above and beyond the exam fee.

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