

**INSTRUCTIONS FOR
PRIVATE PESTICIDE APPLICATOR TRAINING VERIFICATION AND EXAM
NONOCCUPATIONAL
FORM NO. PA-404 / D-1411**

In order to receive a license, private pesticide applicators must first attend training and then pass a TDA-administered exam.

The private pesticide applicant fills out Section A of this form. The training and course provider fills out Section B.

Test scores are valid for five years. After that time, applicants must retrain and retest. Keep your copy of the exam score to verify your grade.

It is unlawful for any person to apply restricted-use or state-limited-use pesticides or regulated herbicides without a license.

SECTION A

1. APPLICANT INFORMATION

Information entered into this form will be used to generate your license. Enter all applicable information.

- Driver's license number or State I.D. card number – Enter the driver's license or I.D. card number. Check the box that identifies the state that issued the driver's license or I.D. card.

NOTE: Failure to include the driver's license number will result in the denial of your application.

- Enter your first name, middle initial and last name. Enter a suffix, if applicable (Sr., Jr., etc.)
- Enter the address, city, state and zip at which the applicant receives general correspondence.
- Enter the applicant's phone number.

After completing Section A, please return the form to the course provider for completion.

SECTION B

1. TRAINING VERIFICATION - TO BE COMPLETED BY COURSE PROVIDER

- City - Enter the city in which the training occurred.
- County - Enter the county in which the training occurred.
- Course Provider Name - Enter the name of the course provider.
- Course Provider Signature - Course provider signs.
- Affiliation - Check the box identifying the affiliation of the course provider.
- Training Date - Enter the date the training occurred.

SECTION C

1. TEST ADMINISTRATION - TO BE COMPLETED BY TDA OFFICIAL ADMINISTERING TEST

- PA Test Score - Enter the PA test score.
- Test Administrator Name (print) - Enter the test administrator's name (print).
- Test Administrator Signature - Test administrator signs.
- Test Date (mm/dd/yy) - Enter the date the test occurred.