

CONTACT PERSON:

APPLICATION FOR HOLDING A PESTICIDE EXAM

| ADDRESS: | | | |
|------------------|--|---|--------------------------------------|
| CITY, STATE, ZI | P | | |
| PHONE NUMBER | R: | | |
| EMAIL ADDRESS | S: | | |
| LOCATION NAME | ≣: <u></u> | | exams been held at YES NO te before: |
| LOCATION ADDRE | :SS: | | |
| CITY, STATE, ZII | P: | | |
| OHIO COUNTY | : | | |
| PHONE NUMBER | R: | | |
| LOCATION CAPAC | ITY: | | |
| | Ipm. The max capacity for ays or Holidays. | Exam sessions are 4 hours a location is 30 people. Exam s | sessions will not be |
| Date | Start Time | Date | Start Time |
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| FORM SU | BMISSION: PLEASE E-MAIL THE FO | RM TO: Annie.Means@agri.ohio.gov | PHONE: 614-728-6987 |