APPLICATION FOR HOLDING A PESTICIDE EXAM

CONTACT PERSON: _____

ADDRESS: _____

CITY, STATE, ZIP _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

LOCATION NAME: _____ **Have exams been held at this site before:** ☐ YES ☐ NO

LOCATION ADDRESS: _____

CITY, STATE, ZIP: _____

OHIO COUNTY: _____

PHONE NUMBER: _____

LOCATION CAPACITY: _____

Exam sessions must be open to the public. Exam sessions are 4 hours in length and must start between 9am and 1pm. The max capacity for a location is 30 people. Exam sessions will not be scheduled on Fridays or Holidays.

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FORM SUBMISSION: PLEASE E-MAIL THE FORM TO: Annie.Means@agri.ohio.gov **PHONE: 614-728-6987**