



Aerial/Agricultural Ground Test Application/Score Sheet
Plant Industry

Applicant: _____
 Last Name First Name Middle Initial

Home Mailing Address _____
 Street or P.O. Box City State Zip

Home Telephone _____ Email _____

Employer _____ Date of Birth _____

Principal
 Operator
 Agent
 Consultant
 Demonstration

Fee Received _____ Receipt # _____

Aerial (A)
 Agricultural Ground (B)
 Consultant

Do you hold a license in another state? _____	State Licensed _____
License Categories _____	License Number _____

License Categories (check all that apply)	Testing			
	Applied For	Choose 1 per exam		Written Score:
		Initial Test	Retest	
<input type="checkbox"/> Core Exam				
<input type="checkbox"/> Laws				
<input type="checkbox"/> A1 – Aerial Plant Pests				
<input type="checkbox"/> A2 – Aerial Weeds				
<input type="checkbox"/> B1 – Agricultural Plant Pests				
<input type="checkbox"/> B2 – Weeds				
<input type="checkbox"/> B3 – Vertebrate Pests				
<input type="checkbox"/> B4 – Soil Fumigation				

_____ Date of Birth
 Applicant's Signature Date

_____ Date
 Supervisor's Signature Date