



Central Licensing

1688 W. Adams Street, Phoenix, Arizona 85007
(602) 542-3578 FAX (602) 542-0466

Test Taker Contact Form

Full Legal Name: _____
(REQUIRED - First Name, Middle Name, Last Name – NO INITIALS)

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Telephone Number: _____ E-Mail: _____

Date of Birth: _____ Social Security No.: _____

Certification No.: _____ (if certified in Arizona)

What credential and category are you testing for? Check all that apply

- Private Applicator (PUP): Core Fumigation
- Commercial Applicator (PUC): Core AG Pest Seed Treatment
 Forest Pest Aquatic Rodent or M44 (Govt. only)
- Golf Applicator (PUG): Core Ornamental & Turf Fumigation Aquatics
- Responsible Individual (PRI): Core
- Pest Control Advisor (PCA): Core Weed Control Insect & Mite Control
 Nematode Plant Pathogen Vertebrate Control
 Defoliation Plant Growth Regulators
- Aerial Applicator (AAP): Core Aerial Applicator
- Custom Applicator: Core Custom Aerial Custom Ground
- Milk Sampler: Milk Sampler
- Cottonseed Sampler: Cottonseed Sampler
- Weighmaster: Public Weighmaster
- Registered Service Representative (RSR): Fueling Meters - RSR Liquid Measuring Devices - RSR
 Small Scales - RSR Large Scales - RSR
 LPG (Propane) Meters – RSR Vapor Recovery - RSR

Have you taken and failed any of the exams listed within the preceding 12 months? Yes No

If yes, list all that apply: _____

By signing below, I affirm that all information contained herein is true and correct

Signature: _____ Date: _____