



# ARIZONA DEPARTMENT OF AGRICULTURE CENTRAL LICENSING

Physical Location: 1010 W Washington St., Phoenix, AZ 85007

Mailing Address: 1802 W Jackson St., #78 Phoenix, AZ 85007

PHONE: (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: \_\_\_\_\_