



NJPMA Master Technician Program Application



Full Name _____
Current Address _____

Contact Info
Home Ph _____
Cell Ph _____
Email _____

For Reporting Purposes
Date of Birth _____ Last 4 of Social _____

NJ - DEP Applicator License # _____

NJ - DEP Certifications (Check all that apply and put the date you passed each category)

	Date		Date		Date
<input type="checkbox"/> Core	_____	<input type="checkbox"/> 7A - Gen & House	_____	<input type="checkbox"/> 7E - Wood Pres	_____
<input type="checkbox"/> 3A - Ornamentals	_____	<input type="checkbox"/> 7B - Term & Wood	_____	<input type="checkbox"/> 7F - Antifoulant	_____
<input type="checkbox"/> 3B - Turf	_____	<input type="checkbox"/> 7C - Fumigation	_____	<input type="checkbox"/> 8A - Gen Pub Hlth	_____
<input type="checkbox"/> 3C - Int. Plant	_____	<input type="checkbox"/> 7D - Food Proc	_____	<input type="checkbox"/> 8B - Mosquito	_____
				<input type="checkbox"/> 13 - IPM in Schools	_____

☐ Other license, courses, or certifications _____

Pest Control Work Experience (Most recent first)

Company _____	Direct Supervisor _____
Address _____	
PH # _____	Start date _____
Position _____	End Date _____
Duties _____	

Company _____	Direct Supervisor _____
Address _____	
PH # _____	Start date _____
Position _____	End Date _____
Duties _____	

Reason left _____

Company _____	Direct Supervisor _____
Address _____	
PH # _____	Start date _____
Position _____	End Date _____
Duties _____	

Reason left _____

X	Entomology 101
X	Pesticides 101
X	Safety Basics
X	Equipment
X	Urban Entomology

<input type="checkbox"/>	WD
<input type="checkbox"/>	Commercial = Food Processing
<input type="checkbox"/>	Residential
<input type="checkbox"/>	Public Health
<input type="checkbox"/>	Wildlife
<input type="checkbox"/>	IPM School

<input type="checkbox"/>	General Pest Residential
<input type="checkbox"/>	General Pest Commercial
<input type="checkbox"/>	Food Processing
<input type="checkbox"/>	IPM in Schools
<input type="checkbox"/>	Medical and Pharma

<input type="checkbox"/>	Advance Rodent Control
<input type="checkbox"/>	Wildlife Trapping and Exclusion
<input type="checkbox"/>	Tick and Mosquito
<input type="checkbox"/>	Bed Bug Traditional
<input type="checkbox"/>	Bed Bug Heat
<input type="checkbox"/>	Termite Liquid

<input type="checkbox"/>	Termite Baiting
<input type="checkbox"/>	Fumigation
<input type="checkbox"/>	WDIs
<input type="checkbox"/>	Turf
<input type="checkbox"/>	Ornamental
<input type="checkbox"/>	Interior Plants

[illegible]

Applicants Signature: _____

Date: _____

Sponsors Signature: _____

Date: _____

Title: _____

As the applicants sponsor, I verify all the information on the application is accurate based on our interview process and the employee's tenure with our company.

Application fee of \$100 due at the time of submission:

☐ Check

☐ Cash

☐ Credit Card