

**Virginia Department of Agriculture & Consumer Services
Office of Pesticide Services
P. O. Box 1163
Richmond, VA 23218**

Designation of VCE Proctor(s) for Virginia Private Pesticide Applicator Exams

VCE Unit: _____

Address: _____

Telephone: _____

Fax: _____

Designated Proctor: _____

Pesticide Applicator Certificate Number (if applicable) _____

Alternate Proctor: _____

Pesticide Applicator Certificate Number (if applicable) _____

Number of Private Applicator Exam Booklets on hand: _____

Location of exam booklets, answer sheets, and proctor materials (where stored in office):

Certification Statement

I have received, read and agree to follow the “**Guidelines for the Private Applicator Exam Proctor.**”

_____ (Designated Proctor signature)

_____ (Alternate Proctor signature)

This form should be:

emailed to Rae Forren at megan.forren@vdacs.virginia.gov;

faxed to the Office of Pesticide Services at (804) 786-9149;

OR mailed to: Office of Pesticide Services, VDACS, P. O. Box 1163, Richmond, VA 23218

any time there is a change in the designated proctor.

If you have any questions concerning the guidelines or this form, please contact **Rae Forren.**

Thank you for your prompt attention to this matter.