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 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 Vickie Rengers
at (804) 786-8934. Thank you for your prompt attention to this matter.