

APPLICATION FOR LICENSING EXAMINATION

FORM 13-037 (REVISED 05-02)

1. COUNTY AGRICULTURAL INSPECTOR/BIOLOGIST

CHECK BELOW THE EXAMINATION(S) IN WHICH **YOU WISH TO TAKE** FOR COUNTY AGRICULTURAL INSPECTOR/ BIOLOGIST. APPLICANTS SHOULD APPLY FOR **NO MORE THAN THREE** TOTAL EXAMINATIONS. (It is **highly recommended** to take the Pesticide Regulation examination before applying for Investigation and Environmental Monitoring examination.)

	CHECK	✓
1. PESTICIDE REGULATION	1	
2. INVESTIGATION AND ENVIRONMENTAL MONITORING	2	
3. INTEGRATED PEST MANAGEMENT (D, F, G, H)	3	
4. COMMODITY REGULATION	4	
5. PEST PREVENTION & PLANT REGULATION (A, B)	5	

2. COUNTY WEIGHTS AND MEASURES INSPECTOR

CHECK BELOW THE EXAMINATION(S) IN WHICH **YOU WISH TO TAKE** FOR COUNTY WEIGHTS AND MEASURES INSPECTOR.

	CHECK	✓
I. WEIGHT VERIFICATION J, (L = Weighmaster)	I	
II. MEASUREMENT VERIFICATION (I, M, N)	II	
III. TRANSACTION & PRODUCT VERIFICATION K, (L = Petroleum Products)	III	

5. ONLY COUNTY EMPLOYEES APPLYING - fill out A and B below.

A. COUNTY IN WHICH YOU ARE EMPLOYED	
B. POSITION TITLE WHICH YOU HAVE STATUS	

The appropriate fee(s) must accompany this application. See Bulletin for amount(s). THESE FEES ARE NON-REFUNDABLE FOR ANY REASON.

6. CERTIFICATION OF APPLICANT. READ CAREFULLY BEFORE SIGNING. I HEREBY CERTIFY, That all statements made in this application are true, and I understand that any misstatements of material facts herein will cause invalidation of any license of eligibility issued by this Department.

SIGNATURE:	DATE:
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If you have a disability and need special testing arrangements, please check the appropriate box. You will be contacted to make specific arrangements. Yes No

PLEASE PRINT OR TYPE

NAME (Last)	(First)
ADDRESS (Number)	(Street)
CITY	COUNTY STATE ZIP CODE
TELEPHONE (Business) () ()	(Home) () ()

3. COUNTY AGRICULTURAL INSPECTOR/BIOLOGIST

*CHECK WHICH VALID AGRICULTURAL INSPECTOR/BIOLOGIST LICENSE(S) **YOU CURRENTLY HOLD.***

- 1. PESTICIDE REGULATION
PESTICIDE USE ENFORCEMENT
- 2. INVESTIGATION & ENVIRONMENTAL MONITORING
PESTICIDE USE ENFORCEMENT
- 3. INTEGRATED PEST MANAGEMENT
 - (D) INSECT AND DISEASE PEST MANAGEMENT
 - (F) VERTEBRATE PEST MANAGEMENT
 - (G) WEED CONTROL
 - (H) APIARY REGULATION
- 4. COMMODITY REGULATION
FRUIT, VEGETABLE AND EGG QUALITY CONTROL
- 5. PEST PREVENTION & PLANT REGULATION
 - (A) PLANT QUARANTINE AND PEST DETECTION
 - (B) NURSERY AND SEED REGULATION

4. COUNTY WEIGHTS AND MEASURES INSPECTOR

*CHECK WHICH VALID WEIGHTS AND MEASURES INSPECTOR LICENSE(S) **YOU CURRENTLY HOLD.***

- I. WEIGHT VERIFICATION
 - (J) WEIGHING DEVICES
 - (L) WEIGHMASTER
- II. MEASUREMENT VERIFICATION
 - (I) MEASURING DEVICES
 - (M) ELECTRIC MEASURING DEVICES
 - (N) COMPRESSED GASES
- III. TRANSACTION AND PRODUCT VERIFICATION
 - (K) QUANTITY CONTROL OF PACKAGED COMMODITIES
 - (L) PETROLEUM PRODUCTS

Name:

Amount:

REGISTRATION NUMBER

DO NOT WRITE IN THIS SPACE
APPLICATION APPROVED
NOT ACCEPTED
REASON

IMPORTANT - READ THE REQUIREMENTS SECTION ON THE EXAMINATION ANNOUNCEMENT BEFORE FILLING OUT THIS SIDE SO THAT YOUR QUALIFICATIONS MAY BE PROPERLY EVALUATED FROM YOUR EDUCATION AND EXPERIENCE - PARTICULARLY THE KIND REQUIRED FOR THIS EXAMINATION- SHOULD BE COMPLETELY DESCRIBED BELOW.

7. EDUCATION

NAME AND LOCATION	COURSE OF STUDY	YEARS COMPLETED	NUMBER OF UNITS COMPLETED		GRADUATE	DEGREE	DATE COMPLETED
			SEMESTER	QUARTER			
COLLEGE OR UNIVERSITY							
UNIVERSITY GRADUATE STUDY							
OTHER COLLEGE STUDY							

8. YOUR ENTIRE EXPERIENCE RECORD MUST BE OUTLINED IN THE SPACE BELOW.

BEGIN WITH YOUR MOST RECENT EXPERIENCE.

(LIST ALL EXPERIENCE IN THE LAST 7 YEARS. GIVE DETAILS ON THE EXPERIENCE WHICH YOU BELIEVE MEETS THE REQUIREMENTS FOR THIS EXAMINATION. GO BACK MORE THAN 7 YEARS, IF NECESSARY. IF YOU NEED MORE SPACE THAN IS ALLOWED, PLEASE ATTACH ADDITIONAL SHEETS.)

FROM MO. YR.	TO MO. YR.	TOTAL	JOB TITLES AND MOST IMPORTANT DUTIES PERFORMED. LIST EACH POSITION SEPARATELY-INDICATE FULL-TIME OR PART-TIME. CHECK IN THESE BOXES TO INDICATE THE EXPERIENCE YOU BELIEVE MEETS THE STATED ENTRANCE REQUIREMENTS FOR THIS EXAMINATION.	SALARIES RECEIVED	EMPLOYERS NAMES, ADDRESSES & TYPES OF BUSINESS	REASONS FOR LEAVING
		<input type="checkbox"/>				
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DO NOT WRITE IN THIS SPACE

***Completed applications should be sent with fees to:**

**CASHIER
CA DEPT. OF FOOD AND AGRICULTURE
1220 N STREET
P.O. BOX 942872
SACRAMENTO, CA 94271-2872**

For questions about this application, please call:

County Licensing Program at 916-654-0422