Indiana Pesticide and Fertilizer Applicator Certification Examination

Candidate Handbook

February 2015
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Rev. 2/6/2015
INTRODUCTION
Purdue University on behalf of the Office of Indiana State Chemist (OISC) has retained the services of Applied Measurement Professionals, Inc. (AMP) to administer the Indiana Pesticide and Fertilizer Applicator Certification examination program. As a full-service testing company, AMP provides expertise and support to associations, state credentialing agencies and private industry in test development, scoring and reporting of examinations. This booklet contains general information regarding the examination and the testing process.

STATEMENT OF NONDISCRIMINATION
AMP and OISC do not discriminate among candidates on the basis of age, gender, race, religion, national origin, disability or marital status.

HOW AND WHERE THE EXAMINATIONS ARE ADMINISTERED
The Indiana Pesticide and Fertilizer Applicator Certification Examinations are administered via computer at AMP Assessment Centers throughout the state of Indiana, as well as neighboring states. The examinations are administered by appointment only Monday through Saturday at 9:00 a.m. and 1:30 p.m. More than one examination may be administered at a session not to exceed four total testing hours. No paper examinations are given. No reviews of the examination questions are allowed after your examination is scored.

Examinations will not be offered on national holidays.

AMP Assessment Center (Test Center) Locations
Evansville, IN Louisville, KY Fort Wayne, IN Mishawaka, IN
Matteson, IL Indianapolis, IN Urbana, IL Cincinnati, OH

There are other AMP Assessment Centers around the country for those people taking the Indiana examinations who live elsewhere. For more specific information regarding AMP’s Assessment Centers, visit their website at www.goAMP.com.

EXAMINATION INFORMATION
<table>
<thead>
<tr>
<th>Code</th>
<th>Examination</th>
<th>Time Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>Core (Also used as the Registered Technician and Limited Certification examination for all categories)</td>
<td>90 Minutes</td>
</tr>
<tr>
<td>1</td>
<td>Category 1 – Agricultural Pest Management</td>
<td>90 Minutes</td>
</tr>
<tr>
<td>2</td>
<td>Category 2 – Forest Pest Management</td>
<td>90 Minutes</td>
</tr>
<tr>
<td>3A</td>
<td>Category 3A – Ornamental Pest Management</td>
<td>90 Minutes</td>
</tr>
<tr>
<td>3B</td>
<td>Category 3B – Turf Management</td>
<td>90 Minutes</td>
</tr>
<tr>
<td>4</td>
<td>Category 4 – Seed Treatment</td>
<td>90 Minutes</td>
</tr>
<tr>
<td>5</td>
<td>Category 5 – Aquatic Pest Management</td>
<td>1 Hour</td>
</tr>
<tr>
<td>6</td>
<td>Category 6 – Industrial Weed Management</td>
<td>90 Minutes</td>
</tr>
<tr>
<td>7A</td>
<td>Category 7A – Industrial, Institutional, Structural and Health Related Pest Management</td>
<td>90 Minutes</td>
</tr>
<tr>
<td>7B</td>
<td>Category 7B – Termite Control</td>
<td>90 Minutes</td>
</tr>
<tr>
<td>7D</td>
<td>Category 7D – Fumigation</td>
<td>1 Hour</td>
</tr>
<tr>
<td>8</td>
<td>Category 8 – Community-wide Mosquito Management</td>
<td>90 Minutes</td>
</tr>
<tr>
<td>11</td>
<td>Category 11 – Aerial Application</td>
<td>1 Hour</td>
</tr>
<tr>
<td>12</td>
<td>Category 12 – Wood Destroying Pest Inspection</td>
<td>1 Hour</td>
</tr>
<tr>
<td>14</td>
<td>Category 14 – Fertilizer Applicator</td>
<td>90 Minutes</td>
</tr>
</tbody>
</table>
EXAMINATION FEES

A registration fee of $32.00 per person is charged for each examination session which is scheduled. More than one examination may be administered during an examination session, not to exceed four total testing hours per session. There is an additional examination fee for each examination scheduled. The examination fee depends on the length of the examination taken. The examination fees are as follows:

<table>
<thead>
<tr>
<th>Fees Table</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduling</td>
</tr>
<tr>
<td>Examination fee(s)</td>
</tr>
<tr>
<td>One exam only</td>
</tr>
<tr>
<td>1 hour exam</td>
</tr>
<tr>
<td>90 minute exam</td>
</tr>
<tr>
<td>$32.00 (per session) plus:</td>
</tr>
<tr>
<td>$48.00</td>
</tr>
<tr>
<td>$24.00</td>
</tr>
<tr>
<td>$34.00</td>
</tr>
</tbody>
</table>

Example:

Person 1 wishes to take the Core and 1-hour category examination. Person 2 wishes to take only one 1-hour examination. The charges are calculated as follows:

<table>
<thead>
<tr>
<th></th>
<th>Person 1</th>
<th>Person 2</th>
<th>Person 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduling</td>
<td>$32.00</td>
<td>$32.00</td>
<td>$32.00</td>
</tr>
<tr>
<td>Core Exam</td>
<td>$34.00</td>
<td>1-Hour Exam</td>
<td>90-Minute Exam</td>
</tr>
<tr>
<td>Category Exam (1 hour)</td>
<td>$24.00</td>
<td>Total Fee: $80.00</td>
<td>Additional 90-Minute Exam</td>
</tr>
<tr>
<td></td>
<td>Total Fee: $90.00</td>
<td>Total Fee: $80.00</td>
<td>$34.00</td>
</tr>
</tbody>
</table>

Payment may be made by credit card (VISA, MasterCard, American Express and Discover), cashier’s check or money order made payable to AMP. Cash and personal checks are not accepted.

Fees are valid for one year.

SCHEDULING AN EXAMINATION APPOINTMENT

The Indiana Pesticide and Fertilizer Applicator Certification Examinations may not be attempted more than three (3) times in a twelve (12) month period. The twelve (12) month period shall commence on the date the first examination failure occurs.

Applicants may register by any one of the following routes

1. Call AMP to schedule an appointment
   Call AMP at 1-888-519-9901 to schedule an examination appointment. This option is available only for individuals paying the examination fee(s) by credit card (VISA, MasterCard, American Express and Discover).

2. Mail your test registration form
   Complete the registration form on page 9 and mail it to AMP with the examination fee(s) (paid by cashier’s check, money order or credit card) to the address indicated on the form. All sections of this form must be completed. This form will be returned, unprocessed, if it is incomplete, illegible or submitted with an incorrect fee. Call AMP at 1-888-519-9901 approximately 7 to 10 business days after mailing your examination registration form to schedule an examination appointment.

When you call to schedule an appointment, please be prepared to confirm a date and location for testing and to provide AMP your name and Social Security number. Note: Your Social Security number is required by AMP and is used only for unique identification and testing. Your Social Security number is confidential and will not be used for any other purposes.

All individuals are scheduled on a first-come, first served basis. Refer to the chart below.

<table>
<thead>
<tr>
<th>If you contact AMP by 3:00 p.m. Central Time on . . .</th>
<th>Depending upon availability, your examination may be scheduled beginning . . .</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Wednesday</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Thursday</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Friday/Saturday</td>
</tr>
<tr>
<td>Thursday</td>
<td>Monday</td>
</tr>
<tr>
<td>Friday</td>
<td>Tuesday</td>
</tr>
</tbody>
</table>
You will be notified of the time to report to the Assessment Center; please make a note of it since you will NOT receive a confirmation letter. If you need an Assessment Center address, or directions to a center, please ask when you call to schedule. UNSCHEDULED CANDIDATES (WALK-INS) WILL NOT BE ADMITTED to the Assessment Center. Assessment Center addresses and directions can also be found on AMP’s website, www.goAMP.com.

Special Arrangements for Candidates with Disabilities
AMP is interested in ensuring that no individual with a disability is deprived of the opportunity to take the examination solely by reason of that disability. AMP will provide reasonable accommodations for candidates with disabilities.

1. Wheelchair access is available at most established test centers. Candidates must advise AMP at the time of registering for the examination that wheelchair access is necessary.

2. Candidates with disabilities that would prevent them from taking the examination under standard conditions may request special accommodations and arrangements.

Candidates requesting special accommodations will be required to submit documentation of their disability via fax or mail before they are scheduled for an examination. You must provide documentation from an appropriate professional (e.g., education professional, doctor, psychologist, psychiatrist). All special arrangements will be made on an individual basis. To request special accommodations, complete the REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS form on page 11 in this handbook and submit it prior to your desired testing date. Submit the special accommodations documentation along with your EXAMINATION REGISTRATION FORM and fee(s) to the AMP Candidate Support Center, 18000 W. 105th St., Olathe, KS 66061-7543. AMP and the Office of Indiana State Chemist will make all decisions regarding special accommodations. Once acceptance of your request for special accommodations is determined, AMP will contact you to schedule your testing appointment.

Telecommunication Devices for the Deaf
AMP is equipped with Telecommunications Devices for the Deaf (TDD) to assist deaf and hearing-impaired candidates. TDD calling is available 8:30 a.m. to 5:00 p.m. (Central Time) Monday-Friday at 913-895-4637. This TDD phone option is for individuals equipped with compatible TDD machinery.

Examination Appointment Changes
If you have scheduled an appointment for testing, you may reschedule your appointment for a future date on one occasion if you contact AMP by phone at least two business days prior to the examination (see table below). If you wish to change your examination appointment within two days of the examination, you will not be refunded your examination fee and will be required to pay the entire examination fee for any future examinations.

<table>
<thead>
<tr>
<th>If your examination is scheduled on . . .</th>
<th>You must contact AMP by 3:00 p.m. Central Time to reschedule your examination by the previous . . .</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Wednesday</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Thursday</td>
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<tr>
<td>Wednesday</td>
<td>Friday</td>
</tr>
<tr>
<td>Thursday</td>
<td>Monday</td>
</tr>
<tr>
<td>Friday</td>
<td>Tuesday</td>
</tr>
</tbody>
</table>

NO REFUNDS
You must submit the appropriate fee with a complete examination application according to the following schedule. Payment may be made by credit card (VISA, MasterCard, American Express or Discover), company check, cashier’s check or money order made payable to AMP. Cash and personal checks are not acceptable. Examination fees are not refundable or transferable and are valid for twelve months.

Credit card transactions that are declined will be subject to a $25 handling fee. A cashier’s check or money order for the amount due, including the handling fee, must be sent to AMP to cover declined credit card transactions.
PREPARING FOR THE EXAMINATION

1. The examination(s) will be timed and the computer will indicate the time remaining on the screen. If you find it distracting, the time feature may be turned off during the examination. If you choose to turn off the time feature, you should pace yourself by periodically checking your progress. This will allow you to make any necessary adjustments. Remember, the more examination questions you answer, the better your chances of achieving a passing score. The time limit is intended to allow candidates to complete the examination(s) by working quickly and efficiently.

2. Be sure to answer each examination question, even the ones for which you are uncertain. Avoid leaving any examination questions unanswered; this will maximize your chances of passing. It is better to guess than to leave an examination question unanswered; there is no penalty for guessing.

TAKING THE EXAMINATION

Your examination will be given by computer at an AMP Assessment Center. You do not need any computer experience or typing skills to take your examination. On the day of your examination appointment, report to the Assessment Center no later than your scheduled testing time. Look for signs indicating AMP Assessment Center Check-in. IF YOU ARRIVE MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME, YOU WILL NOT BE ADMITTED.

Identification

To gain admission to the assessment center, you must present two forms of identification. The primary form must be government issued, current and include your name, signature and photograph. No form of temporary identification will be accepted. You will also be required to sign a roster for verification of identity.

- Examples of valid primary forms of identification are: driver's license with photograph; state identification card with photograph; passport; military identification card with photograph.
- The secondary form of identification must display your name and signature for signature verification (e.g., credit card with signature, social security card with signature, employment/student ID card with signature).
- If your name on your registration is different than it appears on your identification, you must bring proof of your name change (e.g., marriage license, divorce decree or court order).
- Candidates must have proper identification to gain admission to the Assessment Center. Failure to provide appropriate identification at the time of the examination is considered a missed appointment. There will be no refund of examination fees.

RULES FOR THE EXAMINATION

Security

AMP administration and security standards are designed to ensure all candidates are provided the same opportunity to demonstrate their abilities. The Assessment Center is continuously monitored by audio and video surveillance equipment for security purposes.

The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, pagers or cellular/smart phones are allowed in the testing room. Possession of a cellular/smart phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
- Only silent, non-programmable calculators without alpha keys or printing capabilities are allowed in the testing room.
- No guests, visitors or family members are allowed in the testing room or reception areas.

Personal Belongings

No personal items, valuables or weapons should be brought to the Assessment Center. Only wallets and keys are permitted. Large coats and jackets must be left outside the testing room. You will be provided a soft locker to store your wallet and/or keys with you in the testing room. The proctor will lock the soft locker prior to you entering the testing room. You will not have access to these items until after the examination is completed. Please note the following items will not be allowed in the testing room except securely locked in the soft locker.
Pesticide and Fertilizer Applicator Certification Examination

• watches
• hats
• wallets
• keys

Once you have placed your personal belongings into the soft locker, you will be asked to pull out your pockets to ensure they are empty. If you bring personal items that will not fit in the soft locker, you will not be able to test. The site will not store or be responsible for your personal belongings.

If any personal items are observed or heard (e.g., cellular/smart phones, alarms) in the testing room after the examination is started, you will be dismissed and the administration will be forfeited.

Examination Restrictions

• Pencils will be provided during check-in.
• You will be provided with one piece of scratch paper at a time to use during the examination, unless noted on the sign-in roster for a particular candidate. You must return the scratch paper to the supervisor at the completion of testing, or you will not receive your score report.
• No documents or notes of any kind may be removed from the Assessment Center.
• No questions concerning the content of the examination may be asked during the examination.
• Eating, drinking or smoking will not be permitted in the Assessment Center.
• You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

Misconduct

If you engage in any of the following conduct during the examination you may be dismissed, your scores will not be reported and examination fees will not be refunded. Examples of misconduct are when you:

• create a disturbance, are abusive, or otherwise uncooperative;
• display and/or use electronic communications equipment such as pagers, cellular/smart phones;
• talk or participate in conversation with other examination candidates;
• give or receive help or is suspected of doing so;
• leave the Assessment Center during the administration;
• attempt to record examination questions or make notes;
• attempt to take the examination for someone else;
• are observed with personal belongings, or
• are observed with notes, books or other aids without it being noted on the roster.

Copyrighted Examination Questions

All examination questions are the copyrighted property of AMP. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part. Doing so may subject you to severe civil and criminal penalties.

Practice Examination

After your identification has been confirmed, you will be directed to a testing carrel. You will be instructed on-screen to enter your Social Security number. You will take your photograph which will remain on screen throughout your testing session. This photograph will also print on your score report.

Prior to attempting the examination, you will be given the opportunity to practice taking an examination on the computer. The time you use for this practice test is NOT counted as part of your examination time or score. When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination.
Timed Examination
Following the practice examination, you will begin the actual examination. Before beginning, instructions for taking the examination are provided on-screen.

The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time allowed. You may click on the “Time” box in the lower right portion of the screen to monitor your time. A digital clock indicates the time remaining for you to complete the examination. The Time feature may be turned off during the examination.

Only one examination question is presented at a time. The question number appears in the lower right portion of the screen. Choices of answers to the examination questions are identified as A, B, C, or D. You must indicate your choice by either typing in the letter in the response box in the lower left portion of the computer screen or clicking on the option using the mouse. To change your answer, enter a different option by pressing the A, B, C, or D key or by clicking on the option using the mouse. You may change your answer as many times as you wish during the examination time limit.

To move to the next question, click on the forward arrow (>) in the lower right portion of the screen. This action will move you forward through the examination question by question. If you wish to review any question, click the backward arrow (<) or use the left arrow key to move backward through the examination.

An examination question may be left unanswered for return later in the examination session. Questions may also be bookmarked for later review by clicking in the blank square to the right of the Time button. Click on the hand icon to advance to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked questions, repeatedly click on the hand icon. When the examination is completed, the number of examination items answered is reported. If not all questions have been answered and there is time remaining, return to the examination and answer those questions. Be sure to provide an answer for each examination question before ending the examination. There is no penalty for guessing.

FOLLOWING THE EXAMINATION
After you finish the examination, you will be asked to answer a short survey about the Assessment Center facilities.

Your Score Report
After you have completed the examination, you will be instructed to report to the proctor at the Assessment Center to receive your score report.

If you pass the examination, you will receive a score report showing your examination results for each examination completed with instructions on how to apply for a license.

If you fail the examination, you will receive a score report showing your examination results for each examination completed. To reregister for the examination(s), call AMP (if payment is made by credit card) or submit a new completed registration form (if payment is made by cashier’s check or money order).

If you do not appear to take the examination(s) for which you are scheduled, you must reapply for another examination, forfeiting the fee for the examination that you missed, and submit the fee for the examination for which you will be scheduled. To reapply, contact AMP.

HOW TO CONTACT AMP
For inquiries and general registration information, write or call:

AMP Candidate Support Center
18000 W. 105th St.
Olathe, KS 66061-7543
1-888-519-9901
Web: www.goAMP.com
Email: info@goAMP.com
OFFICE OF INDIANA STATE CHEMIST (OISC)
INDIANA PESTICIDE AND FERTILIZER APPLICATOR CERTIFICATION

EXAMINATION REGISTRATION FORM

If you do not wish to apply by telephone, complete this form and mail the registration form with the appropriate examination fee (unless payment is made by credit card) to: AMP Examination Services Department, Indiana Pesticide and Fertilizer Applicator Certification Examination, 18000 W. 105th St., Olathe, KS 66061-7543.

1. NAME
   Last  First  M.I.

2. MAILING ADDRESS
   Number, Street  Apartment Number
   City  State  Zip

3. DAYTIME TELEPHONE NUMBER (_____) ______ - ______

4. SOCIAL SECURITY NUMBER ____________________

5. BIRTH DATE ______ - ______ - ______
   Month  Day  Year

6. EXAMINATION(S) YOU ARE REGISTERING FOR:
   □ Core Test (Also used as the Registered Technician examination for all categories)
   □ Category 1 – Agriculture Pest Management
   □ Category 2 – Forest Pest Management
   □ Category 3A – Ornamental Pest Management
   □ Category 3B – Turf Management
   □ Category 4 – Seed Treatment
   □ Category 5 – Aquatic Pest Management
   □ Category 6 – Industrial Weed Management
   □ Category 7A – Residential, Institutional, Structural, and Health Related Pest Management
   □ Category 7B – Termite Control
   □ Category 7D – Fumigation
   □ Category 8 – Community-wide Mosquito Management
   □ Category 11 – Aerial Application
   □ Category 12 – Wood Destroying Pest Inspection
   □ Category 14 – Fertilizer Applicator

7. EXAMINATION FEE(S) $___________ (Refer to page 3 to determine amount due.)
   Your examination fee(s) must be submitted with your examination registration form. Payment may be made by cashier’s check or money order made payable to AMP or by credit card. Payment by cash or personal check is not acceptable. Examination fees are not refundable or transferable and are valid for twelve months. If payment is made by credit card, complete the information below.

   Credit Card Payment Information: □ VISA  □ MasterCard  □ American Express  □ Discover

   Card #: ___________________________________________  Exp. Date: __________________
   Name: ___________________________________________  Signature: _______________________

8. SIGNATURE AND DATE
   I have read and understand the information provided in the Candidate Handbook, and the information I have provided on this registration form is true and complete to the best of my knowledge.

   Signature: ___________________________________________  Date: _______________________

Mail this form with cashier’s check or money order to:
AMP Examination Services Department
Indiana Pesticide and Fertilizer Applicator Certification Examination
18000 W. 105th St., Olathe, KS 66061-7543
1-888-519-9901
REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-Related Needs on the reverse side so your accommodations for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality. (Please see page 4 of this handbook for further information.)

Candidate Information

Social Security # __________ – _______ – ____________ Requested Assessment Center ____________

Name (Last, First, Middle Initial, Former Name)

Mailing Address

City State Zip Code

Daytime Telephone Number Email Address

Special Accommodations

I request special accommodations for the ________________________________ examination.

Please provide (check all that apply):

______ Extended testing time (time and a half)

______ Reduced distraction environment

______ Other special accommodations (Please specify.)

__________________________________________________________________________

__________________________________________________________________________

Comments: __________________________________________________________________

Signed: ___________________________________________ Date: _____________________

For Official Use Only

Special accommodations to be provided: _______________________________________

__________________________________________________________________________

Signature: ___________________________________________ Date: _________________

Return this form with your EXAMINATION REGISTRATION FORM and fee to:

AMP Candidate Support Center
Indiana Pesticide and Fertilizer Applicator Certification Examination
18000 W. 105th St., Olathe, KS 66061-7543
1-888-519-9901
DOCUMENTATION OF DISABILITY-RELATED NEEDS

Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that AMP is able to provide the required test accommodations.

Professional Documentation

I have known _____________________________________ since _____ / _____ / _____ in my capacity as a

Candidate Name                              Date

_______________________________________________________________________.

Professional Title

The candidate discussed with me the nature of the examination to be administered. It is my opinion that, because of this candidate’s disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

Documentation of Disability: ________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

Signed: ___________________________________________ Title: ________________________________

Printed Name: ________________________________________________________________________________

Address: ______________________________________________________________________________________

____________________________________________________________________________________________

Telephone Number:___________________________  Email Address: ____________________________________

Date: _________________________________________ License # (if applicable): ________________________

Return this form with your EXAMINATION REGISTRATION FORM and fee to:

AMP Candidate Support Center
Indiana Pesticide and Fertilizer Applicator Certification Examination
18000 W. 105th St., Olathe, KS 66061-7543
1-888-519-9901