



Zoom Test Prep Webinars

Day One

Wednesday, December 6, 2023

8:00 a.m. – 3:00 p.m.

Day Two

Thursday, December 7, 2023

8:00 a.m. – 3:00 p.m.

Continuing Education hours are not available for this event.

Please note: We do not offer separate registrations for Days 1 and 2. Both days must be purchased, even if you only plan on attending one of them. To absorb as much information as possible from these webinars, PAPA highly recommends participating for as long as you're able to.

Space is limited. If not sold out, registration closes on November 21 at 8:00 a.m.

Study guides will be mailed to registered attendees on November 22. The webinar links will be emailed to registered attendees at 12:00 p.m. on December 1 and 5.

Our Test Preparation courses are designed to help you increase your knowledge and prepare for certain categories of the Qualified Applicators Certificate/License (QAC/QAL) exam. During these webinars we will cover:

Day One (8:00 a.m. – 3:00 p.m.):

- California Department of Pesticide Regulation **laws and regulations**
- **Residential** (Category A)

Day Two (8:00 a.m. – 3:00 p.m.):

- California Department of Pesticide Regulation **laws and regulations**
- **Landscape** (Category B), **Right-of Way** (Category C), and **Plant Agriculture** (Category D)

We do not offer Test Prep courses for any other DPR categories or type of Certificate or License. QAC/QAL exam applications are available on DPR's website, [here](#), or by calling DPR's Licensing Department at 916-445-4038. You must file your application with DPR at least 30 days prior to the testing date you'd like to apply for. Information on DPR's exam schedule can be found [here](#).

Test Prep Webinar Fee, per person: \$200 (fee covers both days)

Register online at www.papaseminars.com/test-prep with a card or eCheck or email this page with a completed payment form to register@papaseminars.com (no eChecks via email). No mailed check or card payments, no exceptions.

Attendee Name: _____

Attendee Email (for webinar info) **& Phone Number:** _____

Attendee Mailing Address (for study materials – no P.O. Boxes):

Name, Street, City, State, & Zip (don't forget any apartment, suite, unit, etc. #s that might apply)

Card #: _____ - _____ - _____

Exp. Date: _____ / _____ **CVV:** _____ **Billing Zip Code:** _____

Name on Card: _____ **Cardholder Signature:** _____

Email(s) (for receipt): _____