



Wisconsin Dept. of Agriculture, Trade and Consumer Protection
Division of Agricultural Resource Management
Bureau of Agrichemical Management
PO Box 93598
Milwaukee, WI 53293-0479
Phone: (608) 224-4548
DATCPesticideinfo@wi.gov

Individual Commercial Pesticide Reciprocal Applicator Certification/License Application Instructions

Eligibility criteria:

- (1) Current commercial pesticide applicator certification within your state of residence.
- (2) Passed a closed book certification exam within the past five (5) years. **Continuing education for recertification is not accepted.**
- (3) Certified to use restricted use pesticides within a category that is equivalent to a Wisconsin commercial pesticide applicator certification category.
- (4) 16 years of age or older.
- (5) If you are an Individual Commercial Pesticide Applicator for hire, the business you are employed by, or own, must have a valid [Wisconsin Commercial Pesticide Application Business License](#).

Submit the following:

- (1) Individual Commercial Pesticide Reciprocal Applicator Certification/License Application form (ARM-ACM-379).
- (2) Reciprocal Certification Verification form (ARM-ACM-448). **Must be completed by your state of residence commercial pesticide certification issuing agency (e.g., Dept. of Agriculture, Office of State Chemist, Dept. of Environmental Protection, Dept. of Health Services).**
- (3) Social Security form (ARM-356).
- (4) Copy of your current state of residence issued pesticide certification card.
- (5) Copy of your current state of residence issued photo identification.
- (6) Applicable fees as calculated on form ARM-ACM-379.

Aerial Pesticide Applicators must submit:

- (1) Copy of your pilot and/or airline transport pilot license; and/or remote pilot certificate.
- (2) Copy of your Agricultural Aircraft Operation Operator certificate, e.g. "part 137 authorization."

NEW for 2019

Consent for employer to make payment and receive this license. Check this box to allow your employer to pay for and receive your license in the mail. You are still responsible for obtaining this license. Consent does not remove individual from following all licensing requirements.

Online reciprocal licensing is available: https://datcp.wi.gov/Pages/Licenses_Permits/Reciprocal.aspx



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OFFICE USE ONLY

Date Received

License No

Check #

Individual Commercial Pesticide Reciprocal Certification/License Application

Section 94.704, Wis. Stats., and ATCP 29.25 and 29.26, Wis. Adm. Code

Applicant Name and Home Address

LEGAL NAME

HOME STREET ADDRESS

CITY STATE ZIP

COUNTY

HOME TELEPHONE NUMBER

()

E-MAIL ADDRESS:

Employer / Sole Proprietor Name and Address

LEGAL BUSINESS NAME

DOING BUSINESS AS:

MAILING ADDRESS

CITY STATE ZIP

BUSINESS TELEPHONE NUMBER

()

COMMERCIAL PESTICIDE APPLICATOR FOR HIRE ONLY

Commercial Pesticide Application Business Location License Number
 (Consult your Employer)

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An Individual Commercial Pesticide Reciprocal Applicator Certification/License is required of any person who does any of the following:

- (1) Personally uses or directs the use of **ANY** pesticide as a commercial applicator **FOR-HIRE**.
 - (2) Personally uses a **RESTRICTED-USE** pesticide as a commercial applicator.
 - (3) Directs the use of a pesticide by a person specified under (1) or (2).
- Note:** "Use" includes applying, mixing, loading, and disposal of pesticides.

FEE

Reciprocal Commercial Certification \$75 / License \$40 Fee\$115.00
ACCP surcharge: Variable based on ACCP fund balance on May 1 of each year.....\$0.00
Late Fee If you held this license the previous year, AND you are paying after December 31.....\$8.00

*Employees of governmental or educational institutions pay a \$75.00 certification fee and are exempt from the applicator license and ACCP fees if applications of pesticides are made ONLY as part of the employment.

NEW Consent for employer to make payment and receive this license. Consent does not remove you from licensing requirements.

AMOUNT ENCLOSED.....\$_____

IMPORTANT: LICENSES ARE NON-TRANSFERABLE AND LICENSE FEES ARE NON-REFUNDABLE.

Make check payable to: Wisconsin Department of Agriculture, Trade and Consumer Protection (WDATCP)

Mail this form and the fee to: State of Wisconsin, DATCP, Box 93598, Milwaukee, WI 53293-0598

AFFIRMATION: I hereby certify that the information submitted on this form and any attached pages are complete and accurate.

CERTIFIED PESTICIDE APPLICATOR SIGNATURE

MONTH

DAY

YEAR

Personal information you provide may be used for purposes other than that for which it was originally collected (sec. 15.04(1)(m), Wis. Stats.).

MAKE A PHOTOCOPY OF THIS APPLICATION TO SERVE AS A RECEIPT FOR YOUR RECORD



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Division of Agricultural Resource Management Division
 Bureau of Agricchemical Management
 PO Box 8911
 Madison, WI 53708-8911
 Phone: (608) 224-4548 Fax: (608) 224-4656
 Email: DATCPpesticideinfo@wi.gov

OFFICE USE ONLY

Date Received

License No

Individual Reciprocal Certification Verification
 Section 94.705(4) Wis. Stats. and ATCP 29.26(10), Wis. Adm. Code

This individual is applying for Reciprocal Commercial Pesticide Applicator Certification in Wisconsin.

Applicator Name

Street Address

City

State

Zip

The applicator is a RESIDENT of the state of: _____

An authorized representative of the state agency that issued the commercial pesticide certification /licensing credentialing must complete the remaining portion of this form. (e.g., Dept. of Agriculture, Office of State Chemist, Dept. of Environmental Protection, Dept. of Health Services.)

The applicator has completed and passed the examination(s) from the state of: _____

What type of certification / license does this applicator have? Commercial Non-Commercial Private

Can this applicator use restricted-use pesticides? Yes NO

Has the applicator's certification / licensing been suspended, revoked, canceled, denied, or conditionalized? Yes NO

Is there any such action (suspension, revocation, cancellation, denial, conditionalization) currently in progress? Yes NO

If this applicator's certification / license was suspended, revoked, cancelled, denied, or conditionalized explain and give the date of action on reverse side of this form.

**List the date(s) when the applicant passed their last written, closed book exam(s).
 DO NOT list continuing education units, continuing education credits, or continuing education hours.**

Category	Category Description	Exam Date (written closed book)

Information Supplied by:

Name _____
 Title _____
 Phone Number _____

Signature _____
 Agency _____
 Date _____



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Division of Agricultural Resource Management
PO Box 8911
Madison WI 53708-8911
Phone: (608) 224-4500

For Office Use Only

License Number: _____

Date received: _____

Request for Social Security Number (SSN) (Wis. Stat. § 93.135)

PLEASE READ THIS IMPORTANT NOTICE

PLEASE COMPLETE THIS FORM, ATTACH IT TO THE APPLICATION, AND RETURN IT IN THE ENVELOPE PROVIDED OR MAIL IT TO THE ADDRESS LISTED ON THE APPLICATION.

Wis. Stat. § 93.135 requires the Department to collect the Social Security Number (SSN) of every Sole Proprietor or individual applying for an original license, registration, permit or certificate. This also applies to married couples listed on the same license. Please copy and complete an additional form for a spouse to be included on the license.

This requirement DOES NOT APPLY TO:

- 1. Any of the following: Limited Partnerships, Limited Liability Partnerships (LLP), Limited Liability Companies (LLC), Corporations or Cooperatives. Please do not substitute a Federal Employer Identification Number (FEIN) for the SSN, even if you are an individual that holds both of these numbers.
2. General Partnerships. However, any licensee operating as a General Partnership must provide a copy of the legal partnership agreement, or page 1 of its most recently filed IRS form 1065, as proof of their exemption from the requirement (return documentation with your application).

Wis. Stat. § 93.135 requires the Department to collect the SSN from each applicant who is an individual or a sole proprietor and provide it to the Department of Children and Families. The Department will handle and protect the confidentiality of SSN in accordance with its Security of Personal Information policy.

BY LAW, THE DEPARTMENT MAY NOT ISSUE A LICENSE, CERTIFICATE, REGISTRATION, OR PERMIT TO AN INDIVIDUAL OR SOLE PROPRIETOR UNTIL THE APPLICANT PROVIDES HIS OR HER SSN.

1. Individual's Complete Legal Name: _____
First Middle Last

2. Also operating under the following business names (please list if any):

3. Social Security Number (Individuals and Sole Proprietors must provide their SSN) - Do not supply FEIN.

SSN input boxes: [][][] - [][] - [][][][]

NOTE: If this license, permit, certificate, or registration is to be issued to a married couple, each individual must complete a separate form and return it with the application. This form can be photocopied/duplicated. Each individual must complete a separate form.

Social Security Numbers provided are CONFIDENTIAL under Wis. Stat. § 93.135(2). The Department is prohibited from the disclosure of an applicant's Social Security Number to any entity other than the Department of Children and Families.