**Individual Reciprocal Certification Verification**

Section 94.705(4), Wis. Stats., and Sections 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.

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<tr>
<th>Category</th>
<th>Category Description</th>
<th>Exam Date (written closed book)</th>
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Information Supplied by:

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<tr>
<th>Name</th>
<th>Signature</th>
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<tr>
<td>Title</td>
<td>Agency</td>
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<td>Phone Number</td>
<td>Date</td>
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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).