



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Division of Agricultural Resource Management Division
 Bureau of Agrichemical 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 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.

Category	Category Description	Exam Date (written closed book)

Information Supplied by:

Name _____
 Title _____
 Phone Number _____

Signature _____
 Agency _____
 Date _____