



Wisconsin Department of Agriculture, Trade and Consumer Protection  
 Division of Agricultural Resource Management Division  
 Bureau of Agricchemical Management  
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 Madison, WI 53708-8911  
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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 \_\_\_\_\_ Signature \_\_\_\_\_  
 Title \_\_\_\_\_ Agency \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Date \_\_\_\_\_

*Personal information you provide may be used for purposes other than that for which it was originally collected [ss. 15.04(1)(m), Wis. Stats]. Completion of this form is required to obtain an Individual Commercial Pesticide Applicator's License [ss. 15.04(1)(m) and 94.705(4)(b)], Wis. Stats.*