Individual Commercial Pesticide Reciprocal Applicator Certification/License
Application Instructions

Apply online at: [https://datcp.wi.gov/Pages/Licenses_Permits/Reciprocal.aspx](https://datcp.wi.gov/Pages/Licenses_Permits/Reciprocal.aspx)

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 (DARM-BACM-020).
2. Reciprocal Certification Verification form (DARM-BACM-027). **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. Copy of your current state of residence issued pesticide certification card.
4. Copy of your current state of residence issued photo identification.
5. Applicable fees as calculated on form DARM-BACM-020.

**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.”
Individual Commercial Pesticide Reciprocal Certification/License Application
Section 94.704, Wis. Stats., and Sections ATCP 29.25 and 29.26, Wis. Adm. Code

Applicant Name and Home Address

LEGAL NAME

HOME STREET ADDRESS

CITY STATE ZIP

COUNTY

TELEPHONE NUMBER: ( )

E-MAIL ADDRESS:

SOCIAL SECURITY NUMBER:

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)
☐ Check here if you are applying for a new Pesticide Business License and Reciprocal license

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.

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

Your Social Security Number is required, under sec. 93.135, Wis. Stats., to determine if your license should be denied, not renewed, suspended or restricted for failure to make court-ordered family support payments. 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
## 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**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

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: ____________________________

<table>
<thead>
<tr>
<th>What type of certification/license does this applicator have?</th>
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<tr>
<td>○ Commercial</td>
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Can this applicator use restricted-use pesticides?

<table>
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<tr>
<th>Has the applicator's certification/licensing been suspended, revoked, canceled, denied, or conditionalized?</th>
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<tbody>
<tr>
<td>○ Yes</td>
</tr>
</tbody>
</table>

Is there any such action (suspension, revocation, cancellation, denial, conditionalization) currently in progress?

<table>
<thead>
<tr>
<th>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.</th>
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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.

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Agency</td>
</tr>
<tr>
<td>Phone Number</td>
<td>Date</td>
</tr>
</tbody>
</table>

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