



Wisconsin Dept. of Agriculture, Trade and Consumer Protection  
Division of Agricultural Resource Management  
Bureau of Agrichemical Management  
PO Box 93598  
Milwaukee, WI 53293-0598  
Phone: (608) 224-4548  
DATCPesticideinfo@wi.gov

## 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."



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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 Sections ATCP 29.25 and 29.26, Wis. Adm. Code

Applicant Name and Home Address	Employer / Sole Proprietor Name and Address
LEGAL NAME	LEGAL BUSINESS NAME
HOME STREET ADDRESS	DOING BUSINESS AS:
CITY STATE ZIP	MAILING ADDRESS
COUNTY	CITY STATE ZIP
TELEPHONE NUMBER: ( )	BUSINESS TELEPHONE NUMBER ( )
E-MAIL ADDRESS:	<p><b>COMMERCIAL PESTICIDE APPLICATOR FOR HIRE ONLY</b>                      Commercial Pesticide Application Business Location License Number                      (Consult your Employer)  <input type="checkbox"/> Check here if you are applying for a new Pesticide Business License and Reciprocal license  <b>93-</b></p>
SOCIAL SECURITY NUMBER:	

**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
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*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**



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 Madison, WI 53708-8911  
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 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 \_\_\_\_\_