



Individual Reciprocal Pesticide Applicator License Application Instructions

If you are a resident of Wisconsin, you may not apply for reciprocity. You must certify in Wisconsin and apply for an individual commercial license instead.

Follow the checklist below to ensure that you can be issued a license after submitting an application.

Eligibility criteria:

- You are 16 years of age or older.
- You possess a current commercial pesticide applicator certification within your state of residence.
- You have passed a closed book certification exam within the past five (5) years. Continuing education for recertification is not accepted.
- Click here to see certification equivalencies: https://datcp.wi.gov/Pages/Licenses_Permits/Reciprocal.aspx
- Will be working for a business or own a business, that has a valid [Wisconsin Commercial Pesticide Application Business License](#).

Required materials:

- Copy of your current state of residence issued pesticide certification card.
- Copy of your current state of residence issued photo ID.
- Individual Reciprocal Pesticide Applicator License Application form (DARM-BACM-020, see page 2).
- A Reciprocal Certification Verification form (DARM-BACM-027, see page 3) is provided or has been sent to your certifying body for completion. **This 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).**
- Applicable fees as calculated on form DARM-BACM-020.

Aerial Pesticide Applicators - Additional Required Materials:

- Copy of your pilot and/or airline transport pilot license; and/or remote pilot certificate.
- Copy of your Agricultural Aircraft Operation Operator certificate, e.g. "part 137 authorization."

READ THE STATEMENT BELOW BEFORE APPLYING

By submitting an application, you are confirming that you have reviewed the WDATCP's requirements for commercial reciprocal applicator licensure. **You may not be licensed unless all criteria are met. LICENSE FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE!** If you are unsure if you can be reciprocated after viewing the information above and visiting the WDATCP's website (linked above), contact the Pesticide unit at datcppesticideinfo@wi.gov or 608-224-4548. **Note: this checklist does not need to be included with your application materials.**

You may also apply online at: https://mydatcp.wi.gov/SiteMap/BrowseService/SG_9ceba1a3-9f1d-e811-8106-0050568c4f26?Key=Services_Group



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
datcppesticideinfo@wi.gov

DATCP OFFICE USE ONLY

Date Received:

License No:

Individual Reciprocal Pesticide Applicator License Application

Section 94.704, Wis. Stats., and Sections ATCP 29.25 and 29.26, Wis. Admin. Code

Online licensing available: [https://datcp.wi.gov/Pages/Licenses Permits/Reciprocal.aspx](https://datcp.wi.gov/Pages/Licenses_Permits/Reciprocal.aspx)

Applicant's Information			
Legal Name:			
Street Address:	City:	State:	Zip Code:
County:			
Mailing Address (If different from street address):			
Phone Number:	Email:		
<input type="checkbox"/> Reciprocal – For Hire	<input type="checkbox"/> Reciprocal – Not for Hire	<input type="checkbox"/> Reciprocal – Government	<input type="checkbox"/> Reciprocal - Educational
Employer Information (Includes Sole Proprietors)			
Legal Business Name:			
Mailing Address:			
City:	State:	Zip Code:	
Pesticide Application Business License Number: # _____ <i>For hire commercial applicators only (ex: # 000000)</i>		Business Telephone:	
<input type="checkbox"/> Check here if you have also sent in an application for your first Pesticide Business License.			
License Fee (\$40.00) + ACCP Surcharge (\$5.00 - Variable based on ACCP fund balance on May 1 of each year) + Certification Fee (\$75.00)			\$120.00
Late Fee: If you held a license the previous year AND you are paying after December 31			\$8.00
Note: Employees of governmental or educational institutions only pay the \$75.00 certification fee.			
Make check payable to: DATCP			
Mail this form and fee to: DATCP, PO Box 93598, Milwaukee, WI 53293-0598			
Applicant's Social Security Number: 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. Complete the included SSN submission form. If you are an individual applicant and do not have a Social Security Number, you must complete the form found at the following link and submit it to DATCP: https://dcf.wisconsin.gov/files/forms/pdf/2462.pdf (s. 93.135 (1m), Wis. Stats.).			

LICENSES ARE NON-TRANSFERABLE AND LICENSE FEES ARE NON-REFUNDABLE

Affirmation: I hereby certify that the information submitted is complete and accurate.

Certified Pesticide Applicator Signature:

Date:

Personally identifiable information you provide may be used for purposes other than that for which it was collected. (s. 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 94.704(2), Wis. Stats.).

MAKE A COPY OF THIS APPLICATION TO SERVE AS A RECEIPT FOR YOUR RECORDS



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Division of Agricultural Resource Management
 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. Admin. 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 _____



Wisconsin Department of Agriculture, Trade and Consumer Protection
Division of Agricultural Resource Management
PO Box 8911
Madison WI 53708-8911
Phone: (608) 224-4500

For Office Use Only _____
License Number: _____
Date received: _____

Request for Social Security Number (SSN) [s. 93.135, Wis. Stats.]

PLEASE READ THIS IMPORTANT NOTICE

PLEASE COMPLETE THIS FORM, ATTACH IT TO THE APPLICATION, AND RETURN IT TO THE ADDRESS LISTED ON THE APPLICATION.

Except as provided in s. 93.135(1m), Wis. Stats., Wisconsin law requires the Department of Agriculture, Trade and Consumer Protection (DATCP) to collect Social Security Numbers (SSNs) from each individual applicant as a condition of applying for certain licenses, registrations, certificates of registration, permits, and certifications. DATCP is required by law to provide the SSNs collected to the Department of Children and Families (DCF).

Under s. 93.135(2), Wis. Stats., collected SSNs are CONFIDENTIAL. DATCP will handle and protect the confidentiality of SSNs in accordance with its Security of Personally Identifiable Information Policy.

Please do not substitute a Federal Employer Identification Number (FEIN) for your SSN, even if you are an individual who holds both numbers.

If you are an individual applicant **without an SSN**, you must complete the DCF Application and Affidavit form found [here](#). The form requires you to state under oath or affirmation that you do not have an SSN. A license issued in reliance on a false statement is invalid.

1. Individual's Complete Legal Name: _____
First Middle Last

2. Social Security Number:

□ □ □ - □ □ - □ □ □ □

To the extent allowable by law, the information provided on this form will be shared only with DCF and will not be used by DATCP for any purpose other than that for which it was collected [ss. 15.04(1)(m) and 93.135(2), Wis. Stats.]. Completion of either this form or the DCF Application and Affidavit form is **required** to complete your application [s. 15.04(1)(m), Wis. Stats.].