



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Division of Agricultural Resource Management
 Bureau of Agrichemical Management
 Phone: (608) 224-4548
 Email: datcppesticideinfo@wi.gov

INDIVIDUAL RECIPROCAL CERTIFICATION VERIFICATION

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 Reciprocal Certification (ss. 15.04(1)(m) and 94.705(4), Wis. Stats.).

This individual is applying for Reciprocal Commercial Pesticide Applicator Certification in Wisconsin.

PLEASE PRINT

Section 94.705(4), Wis. Stats., and Sections ATP 29.26(10), Wis. Admin. Code

APPLICATOR NAME:		APPLICATOR IS A RESIDENT OF THE STATE OF:	
ADDRESS:	CITY:	STATE:	ZIP CODE:

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.)

1. The applicator has completed and passed the examination(s) from the state of:
2. What type of certification / license does this applicator have? ☐ Commercial ☐ Non-Commercial ☐ Private
3. Can this applicator use restricted-use pesticides? ☐ Yes ☐ No
4. Has the applicator's certification/licensing been suspended, revoked, canceled, denied, or conditionalized? ☐ Yes ☐ No
5. 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:

SIGNATURE	PRINT NAME	DATE
TITLE	AGENCY	PHONE NUMBER

Make a copy of this application to serve as a receipt for your records.