

Arizona Reciprocal Certification/License Eligibility Verification

Certification Information Provided to:

Mail to:
Arizona Department of Agriculture - Central Licensing
1802 West Jackson Street, No. 78, Phoenix, AZ 85007

Email:
licensing@azda.gov
Fax to:
Arizona Department of Agriculture - Central Licensing
(602) 542-0466

Applicator Information: (Please Print)

Last Name: _____ First Name: _____ MI: _____

Applicator License/Certification Number:	Applicator's State of Residence:
Applicator Address Information: Street Address (No PO Box):	Mailing Address: (if different)

Phone Number:	Alternate Phone Number:
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This Section To Be Completed By Licensing Authority From State Of Issue/Government Agency.

State of Issue/Government Agency: _____ Applicator Certified records have been disposed:

Type or Title of License Issued: _____ License Expiration Date: ____/____/____

How was certification obtained? Exam Workshop Other: _____

Did Applicator take the National Core Exam? Yes No

If no, is the National Core Exam incorporated in your category-specific exam? Yes No

Category	Category Description	Date of Certification	Certification Expiration Date

Has this applicator's certification or license been suspended, revoked, canceled, denied or is any such action pending? Yes No

If yes, please explain: _____

Did the applicator test or certify in your state? Yes No If no, in which state did the applicator test? _____

Original date of certification: ____/____/____ Did Applicator Score 75% or more? Yes No

Information Completed By:

Signature: _____ Date: _____

Name (Print): _____ Title: _____

Agency: _____ Phone: _____