



Arizona Department of Agriculture (AZDA)
 Central Licensing
 Physical Location: 1010 W. Washington St., Phoenix, AZ 85007
 Mailing Address: 1802 W. Jackson St., #78, Phoenix, AZ 85007
 Phone: 602-542-3578 Fax: 602-542-0466
 W: <https://agriculture.az.gov> Email: licensing@azda.gov

FOR AZDA USE ONLY	
PCA No:	_____
Check #:	_____
Check Date:	_____
Check Amount:	_____
Line Number:	_____

**Pest Control Advisor License (PCA) New Application
Form 1 of 2**

Applicant Name*: _____ Government Employee: ___ Yes ___ No
 Social Security Number*: _____ E-Mail Address : _____
 Mailing Address*: _____ City _____ State _____ Zip _____
 Daytime Phone*: _____ Cell: _____ Fax : _____
 Employer Name*: _____ E-Mail Address: _____
 Employer Mailing Address*: _____ City _____ State _____ Zip _____
 Employer Physical Address*: _____ City _____ State _____ Zip _____
 (if different from above)
 Employer Daytime Phone *: _____ Employer Fax : _____

Have you ever had a similar certification revoked, suspended, or denied in this or any other jurisdiction during the last three years? If YES, please explain*: _____

All items identified with an (*) must be completed. Applications that do not contain the required information will not be processed.

ADA USE ONLY – TEST DATA			
Test Date	Test Code	Test Category	Test Score
	I	PCA CORE	
	J	Insect and Mite Control	
	K	Plant Pathogen Control	
	L	Vertebrate Pest Control	
	M	Weed Control	
	N	Defoliation	
	O	Plant Growth Regulators	
	P	Nematode Control	

Pursuant to A.A.C. R3-3-207(c)(1)(2) – ...a person applying for a PCA License ...shall possess one of the following:

1. ___ I have a bachelor’s degree (B.A. or B.S.) in the agricultural sciences, biological sciences, or pest management; or,
2. ___ I have 42 semester units (63 quarter units) of college-level curricula
 - ◆ If you checked number 1 or 2 you must submit an Official College Transcript to the Arizona Department of Agriculture.
 - ◆ If you checked number 2, you must also submit proof of your technical experience. See Form 2 to verify technical experience.

Return this application along with your \$50.00 fee and the required documentation to the address above. Please make check or money orders payable to the Arizona Department of Agriculture-ESD. The Department is required by law to process this application within 77 days from the date received. However, our goal is to process the application as timely as possible, normally this takes less than 14 days. Do not send cash! Incomplete applications or applications with incorrect funds will be returned.

The undersigned hereby makes application for a Pest Control Advisor License, pursuant to A.R.S. 3-363.10(e). By my signature below I agree to conduct business as a Licensed Pest Control Advisor pursuant to Title 3, Arizona Revised Statutes and Rules adopted thereto. The information contained in this application is true and accurate. I understand providing false information in the State of Arizona is a felony.

Signature: _____ Date: _____



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**Pest Control Advisor (PCA) Education Verification Form
 Form 2 of 2**

Applicant Name*: _____ Today's Date: _____
 Daytime Phone*: _____ E-Mail Address**: _____

Please use this form to show fulfillment of the education requirements. Attach a copy of your transcript. Before you can be formally approved, an official transcript will be needed for the file. For starting this process a copy is fine. (Form and transcript should be sent to jpeterson@azda.gov.)

All credits must be given in semester hours. 1 quarter hour = 0.67 semester hour. No grade lower than a D can be recorded for credit.

Move the total semester hours from each table to the bottom to ensure adequate credits in each category and overall.

All items identified with an (*) must be completed. **Email will be the primary method of communication used

Core Area I-Physical, Biological, & Earth Sciences, & Mathematics: (12 semester hours (18 quarter units) minimum)
 Inorganic chemistry; organic chemistry; biochemistry; plant biology or botany; general ecology; biology; genetics; plant physiology; zoology; post-algebra mathematics.

Course Code	Course Title	Grade	Semester Credits

Core Area II-Crop Health: (6 semester hours (9 quarter units) minimum) Soils & irrigation; vegetation management or weed science; plant pathology; entomology; plant nutrition or fertility; nematology; vertebrate management.

Course Code	Course Title	Grade	Semester Credits

Core Area III-Pest Management Systems and Methods: (3 semester hours (4.5 quarter units) minimum) Applied courses in entomology, plant pathology, vegetation management or weed science, and other pest management disciplines; pesticides or use of pesticides; pest control equipment systems; alternative cropping systems; sustainable or organic agricultural systems; biological control.

One course must have an emphasis on IPM. Identify this course and provide as much information as you can which will show this: course syllabus, course description from student handbook etc. Realize even if you meet the credit requirement in this category you will not have fulfilled requirements for this category without the IPM emphasis course.

Course Code	Course Title	Grade	Semester Credits

Core Area IV-Production Systems: (3 semester hours (4.5 quarter units) minimum) Horticulture; viticulture; forestry; agronomy; crop; vegetable; fruit or animal sciences; other production systems (e.g., wildlife production, cattle production)

Course Code	Course Title	Grade	Semester Credits

Credit Total: 42 semester hours (63 quarter units) minimum are required to qualify.

Categories	Minimum Credits Required per Category	Applicant's Credits
Category I	12	
Category II	6	
Category III	3	
Category IV	3	
Totals	24	