



ARIZONA DEPARTMENT OF AGRICULTURE PEST MANAGEMENT DIVISION

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Certified and Qualified Applicator Fingerprint Verification Form

This to be *completed by the fingerprint technician* taking your fingerprints to submit as part of the Certified Applicator and Qualified Applicator application.

Attention Fingerprint Technician: Please follow the instructions below for fingerprinting this applicant.

1. Please fill out or ensure the applicant has filled out all of the required boxes on the fingerprint card prior to taking the fingerprints
2. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and the information on the fingerprint card.
3. Fill out the information in the boxes below. Please print clearly and legibly.
4. Once the prints have been taken:
 - Place the fingerprint card and this form in the envelope and seal it.
 - Please sign your name across the edge of the seal.
 - Return the sealed envelope to the applicant.

Do NOT give the applicant the fingerprint card without first sealing it inside the envelope and signing across the edge of the seal.

Please PRINT/TYPE the following information:

Applicant Information	
Date	Full Legal of Applicant (First, Middle, and Last Name)
Type of Photo ID provided (check one); <input type="checkbox"/> Driver's License/MVD issued State ID No.: _____ <input type="checkbox"/> Passport No.: _____ <input type="checkbox"/> Other (please specify): _____	
Fingerprint Technician Information	
Fingerprint Technician's Name (Printed/Typed):	
Fingerprint Technician's Signature:	
Fingerprint Technician's Agency/Company Name:	