



Arizona Department of Agriculture

Central Licensing - Pest Management Division

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

Website: <https://opm.azda.gov/> | Email: licensing@azda.gov

Reciprocal Applicator (CA) or Qualified Applicator (QA) Certification Application Requirements

A complete application includes:

For CA Applicant - Information about the applicant – in accordance with A.A.C. R3-8-203 (A) including the applicant's Full Name; Home Address; Mailing Address; Telephone Number; Email Address (if Applicable); Date of Birth; Social Security #; Denied, Suspended, or Revoked question answered; Certification Category(s); Signature and Date.

For QA Applicant - Information about the applicant – in accordance with A.A.C R3-8-204 (B) including the applicant's Full Name; Home Address, Mailing Address; Telephone No.; Email Address; Date of Birth; Social Security No.; Denied, Suspended, or Revoked question answered; Certification Category(s) applying for; Signature and Date.

Submit the Completed Arizona Reciprocal Certification/License Eligibility Verification Form for – Please forward this document to the State of Issue for your current certification/license. This form can be mailed, faxed, or emailed. The completed document can be emailed, faxed, or mailed directly from the State of Issue or otherwise submitted by the applicant.

Application Fee for applicable applicant – \$55.00 application fee for New CA Applicants, \$75.00 application fee for New QA Certification Applicants, or \$15 application fee to broaden an existing QA Certification.

Experience for QA Applicant – Pursuant to A.A.C. R3-8-204(C) – A QA applicant shall possess one of the following qualifications:

1. Certification as an applicator for 24 months within the ten years preceding the application in the category applied for.
2. Certification as an applicator for 12 months within the ten years preceding the application and either:
 - a. Successful completion of 12 semester hours or its equivalent within the 10 years preceding the application in pest management courses directly related to each category applied for; or
 - b. A Bachelor's degree in agricultural sciences, biological sciences, or pest management with 12 semester hours or its equivalent in pest management courses directly related to each category applied for.
3. Twenty-four months of experience in the business of pest management, in another State where licensure was not required, within the ten years preceding application directly related to the category applied for.

Background Investigation for New CA and New QA Applicants – in accordance with A.R.S. § 3-3614 C – New CA and New QA applicants shall submit a full set of fingerprints on the "blue-lined" fingerprint card (FD-258); a Cashier's Check or Money Order in the amount of \$22.00 made payable to the Arizona Department of Public Safety (AZDPS). Additionally, the Federal Bureau of Investigations (FBI) requires the applicant to include the completed FBI Notification of Applicant Privacy Rights; and the AZDPS requires the applicant to include the Fingerprint Verification Form – completed by the Fingerprint Technician and sealed according to the instructions on the form.

In accordance with A.R.S. § 3-3614 D - An individual who applies for certification as a new Applicator or a new Qualified Applicator may meet the requirement prescribed in subsection C of this section by submitting a current, unexpired Fingerprint Clearance Card issued pursuant to section 41-1758.03 or a current, unexpired Level I Fingerprint Clearance Card issued pursuant to section 41-1758.07 to the Department as part of the individual's application.



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Statement of Lawful Presence to Receive Public Benefits – please submit the Arizona Statement of Lawful Presence to Receive Public Benefits along with the appropriate Evidence as listed.

The Process – Applicants with an administrative complete application will be approved for testing upon receipt of the background investigation by the AZDPS and FBI; as long as the results do not indicate the applicant is not of good moral character. The certification number and “MyPMD for Individual” password will be issued once the applicant’s application is substantively complete by providing the following:

- Complete CA or QA Certification Application
- Applicable Application Fee
- Statement of Lawful Presence to Receive Public Benefits
- Applicable Evidence of Lawful Presence to Receive Public Benefits
- For QA Applicants - appropriate verification of experience for the category(s) for which the application is being submitted
- Score of 75% or higher all applicable exams (Core plus Category-Specific Exams for New Certification Applicants or Category-Specific Exams for Broadening Applicants)

Exclusion – An applicator shall be of good moral character. A conviction for a felony or a misdemeanor involving moral turpitude may demonstrate a lack of good moral character. A conviction for any of the following offenses shall be considered to demonstrate a lack of good moral character:

1. Murder involving the death of a law enforcement officer.
2. An offense described in A.R.S. § 13-2308.01 related to terrorism.
3. A sexual offense of any type where the victim is a minor that is a class 4 or higher felony.

Disclaimer: An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a license requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency’s adopted personnel policy. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.



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Reciprocal Applicator Certification (CA) or Qualified Applicator (QA) Certification Application

Fee Schedule:

New CA Certification - \$55.00

Broaden CA Certification – No Fee

New QA Certification - \$75.00

Broaden QA Certification - \$15.00

Full Legal Name: _____ Certification #: _____
(REQUIRED - First Name, Middle Name, Last Name – NO INITIALS)

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Home Address: _____ City: _____ State: _____ ZIP: _____

Telephone: _____ E-Mail Address: _____

Date of Birth: _____ Social Security #: _____

Qualified Applicator #: _____ (if applicable)

Has this applicant ever been convicted of a misdemeanor involving moral turpitude or any felony*? Yes No

(An offense that is undesignated, set aside, or has been expunged, is still considered a conviction. Please request and supply the information required on the Applicant with Criminal Conviction Supplement.) If you have any doubt whether your type of conviction must be disclosed, disclose it for the Department to consider. Failure to disclose all relevant convictions may result in denial of certification.

Has this applicant ever had any license or permit to practice pest management denied, revoked, or suspended? Yes No

If yes, please provide the date, jurisdiction taking the action, nature of the action, and explanation of the circumstances on a separated document that is typed and contains the applicant's printed name and signature.

Employer: _____ AZ PMD Business Lic. #: _____ (if applicable)

Telephone #: _____

Pest Management Categories: Please designate appropriate category(s) (The Core Is Not a Licensing Category)

<input type="checkbox"/> Industrial, Institutional, & Structural Pest Control	<input type="checkbox"/> Ornamental & Turf Pest Control	<input type="checkbox"/> Wood-Destroying Organism Inspection & Treatment
<input type="checkbox"/> Public Health Pest Control (*Government Only)	<input type="checkbox"/> Right-of-Way Pest Control	<input type="checkbox"/> Wood-Destroying Insect Inspection (only)
<input type="checkbox"/> Aquatic Pest Control	<input type="checkbox"/> Non-Soil Fumigation	<input type="checkbox"/> Wood Preservation

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NOTE: Incomplete, illegible or inaccurate applications cannot be deemed complete. Examination fees shall be paid directly to the testing vendor and are not a part of this application. **Certifications expire on May 31st of each year except that a new certification that is issued this calendar year shall expire on May 31st of the following year.** The Arizona Statement of Lawful Presence to Receive Public Benefits and proof may be required.

By signing this application, I affirm that I have read and understand the information contained herein and attest that all information provided is true and correct.

Applicant Signature: _____ **Date:** _____

ADA STAFF USE ONLY

Name:	Date Received:	POS #
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Arizona Reciprocal Certification/License Eligibility Verification

Certification Information Provided to:

Mail to:
Arizona Department of Agriculture - Pest Management Division
1802 West Jackson Street, No. 78, Phoenix, AZ 85007

Email to:
licensing@azda.gov
Fax to:
Arizona Department of Agriculture - Pest Management
Division (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:

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: _____



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STATEMENT OF LAWFUL PRESENCE TO APPLY FOR STATE ISSUED CERTIFICATION/LICENSE

Arizona Revised Statutes § 41-1080 requires *an individual applying for a license issued by the Department—(i) for the purpose of operating a business in Arizona or (ii) to someone who provides a service to any person where the license is necessary in performing that service—must submit certain documentation that satisfactorily demonstrates that the applicant is lawfully present in the United States. If the documentation does not contain a photograph of the applicant, the applicant must also present a government issued document that contains a photograph.*

Directions: All individual applicants for a license or certification covered by these laws must complete this form and provide evidence **by submitting a copy (*front and back, if any*) of one or more documents from the lists below declaring your citizenship or lawful alien status with your application.** If your documentation of lawful presence does not have a photograph, you must government issued id with a photograph. If the Department has evidence you have previously submitted proof of United States citizenship or a non-expiring work authorization issued by the federal government, you do not have to do so again. ***Please DO NOT provide a copy of your Social Security Card.***

TYPE OF LICENSE/CERTIFICATION APPLICATION (check one) NEW RENEWAL

EVIDENCE OF CITIZENSHIP, LAWFUL PRESENCE, NATIONAL OR ALIEN STATUS

- An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
Expiration Date: _____
- A driver license issued by a state that verifies lawful presence in the United States.
Expiration Date: _____
- A birth certificate or delayed birth certificate issued by any state, territory or possession of the United States
- A United States certificate of birth abroad which includes a report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens); Certificate of Birth (FS-545) (issued by a Foreign Service post) or Certification of Report of Birth (DS- 1350); Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen
- An I-94 Form with a photograph. Expiration Date: _____
- A United States Certificate of Naturalization (Form N-550 or N-570)
- A United States Passport
- A foreign passport with a United States visa.
- A United States Certificate of Citizenship (Form N-561)
- A Tribal Certificate of Indian Blood.
- A Tribal or Bureau of Indian Affairs Affidavit of Birth
- A United States Citizenship and Immigration Services Employment Authorization document or Refugee Travel document. Expiration Date: _____

DECLARATION

All applicants must complete this section. I, _____, declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge and that the document(s) submitted demonstrating lawful presence are true.

 APPLICANT'S SIGNATURE

 TODAY'S DATE