



ARIZONA DEPARTMENT OF AGRICULTURE PEST MANAGEMENT DIVISION

Physical: 1010 West Washington Street, Phoenix, Arizona 85007
Mailing: 1802 West Jackson Street, No. 78, Phoenix, Arizona 85007
(602) 542-3578 FAX (602) 542-0466
<https://opm.azda.gov>

Temporary Qualifying Party Registration Requirements

Pursuant to A.A.C. R4-29-205 (C) & (D) -

A certified applicator who is the representative of a business licensee or school district may register as a temporary QP if the QP has become disassociated with the business licensee or school district within the last **45 days**. A certified applicator may only register as a temporary QP in the categories for which both the former QP was registered and the certified applicator is certified.

Complete Application –

About the Applicator: including the Applicators Full Name, Arizona OPM Certified Applicator #, Home Address, Mailing Address, Telephone Number, Email Address, Date of Birth, Social Security #, Certification Category(s) which are being applied to register, Signature and Date.

Business/School District Information: including the Business License name (as Licensed by OPM) or School District, and Business License Number (if Applicable)

Written Statements: Written confirmation signed by the business licensee, school district, or former QP indicating that the former QP has become disassociated with the business licensee or school district. A written statement signed by the business licensee or school district that the business licensee or school district has not operated in the business of pest management for more than five business days since the disassociation in the categories for which the disassociated QP was registered, and the business licensee or school district wants the certified applicator to act as a temporary QP.

Application Fee – \$75.00 for Temporary Qualifying Party Registration or Registration Renewal

Pursuant to A.A.C. R4-29-205 (E) – a business licensee or school district shall not use a temporary QP to qualify the business or school district in a category for more than 180 days in any 12 month period. (A temporary QP registration is not transferable and is valid for 90 calendar days and may be renewed once.)

The Process – Once the application is both administratively and substantively complete, the application will be approved immediately. The applicant must complete/provide all of the following in order to be considered complete:

- Complete Temporary Qualifying Party Registration
- Written Statements
- Applicable Application Fee

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.



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Temporary Qualifying Party Registration Application

Fee Schedule: Temporary Qualifying Party Registration - \$75.00; or Registration Renewal - \$75.00

Applicator: (please print clearly or type)

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

Category(s) for which the Temporary QP is to be registered: Please designate the appropriate categories

<input type="checkbox"/> Industrial & Institutional (1)	<input type="checkbox"/> Ornamental & Turf (3)	<input type="checkbox"/> Fumigation (6)
<input type="checkbox"/> Wood-Destroying Organism Inspection & Treatment (2A)	<input type="checkbox"/> Right-of-Way (4)	<input type="checkbox"/> Wood Preservation (7)
<input type="checkbox"/> Wood-Destroying Insect Inspection (2B)	<input type="checkbox"/> Aquatic (5)	

Business Licensee/School District: (please print clearly or type)

Business Name: _____ Business License No.: _____

The Temporary QP Registration is only valid for ninety-days. The OPM may grant a renewal for a second ninety-day period if the temporary qualifying party request to renew is received before the temporary qualifying party registration expires.

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** _____

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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Qualifying Party Disassociation/Deregistration Statement

To whom it may concern:

Qualified Applicator _____, QA Certification no. _____, is no
(Print Name of disassociated/deregistered Qualifying Party) (CQA No.)

longer associated with _____ as the Qualifying Party.
(Print Name of Business Licensee or School District)

The Qualifying Party disassociated/ deregistered as of _____.
(Official Date of Disassociation)

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.

Printed Name of Authorized individual for the Business license or School District

Signature of Authorized individual for the Business license or School District

Date

OR

Signature of disassociated/ deregistered QP

Date



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Temporary Qualifying Party Request Statement

To whom it may concern:

_____ has not operated in the business of
(Print Name of Business Licensee or School District)

pest management for more than five (5) business days since the disassociation in the categories for which the disassociated QP was registered.

At this time we are requesting _____, Certification no. _____,
(Print Name of Certified Applicator) (Certification No.)

act as the Temporary Qualifying Party. I understand the Temporary Qualifying Party registration is only valid for ninety (90) days and may be renewed only once. I also understand the business licensee or school district shall not use a Temporary QP for more than 180 days in any 12 month period.

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.

Printed Name of Authorized individual for the Business license or School District

Signature of Authorized individual for the Business license or School District

Date