DOUGLAS A. DUCEY
Governor

JACK PETERSON
Interim Director

Arizona Department of Agriculture

1688 W. Adams Street, Phoenix, Arizona 85007
(602) 542-3578 FAX (602) 542-0466

Non Resident Request for Reciprocal Pesticide Certification

You have requested commercial reciprocal pesticide certification from the state of Arizona. (Please note that we do not grant reciprocity to Arizona residents.) To grant your request, we require that you follow the instructions below:

1. Complete and submit the enclosed Reciprocal Certification Eligibility Verification form. You fill out the top and have your state fill out the bottom. This form can be faxed to your state and they can fax it to us if you would like, otherwise you can mail it in.
2. Complete and submit the enclosed Request for Reciprocal License form.
3. Submit a photo-copy of the pesticide certificate/license (front and back) you hold from the state you tested and trained in. This must be a valid certificate/license expiring no earlier than December 31 of the current license year.
4. Submit a photo-copy of a government issued picture ID.
5. Pay your Arizona certification fee.

Be prepared to submit a letter of authorization to your home state of certification, granting authority to the Arizona Department of Agriculture access to your complaint or violation history.

Attention Aerial Applicators: Your aircraft must be registered and licensed in the state of Arizona.

If you have further questions you may contact the following:
Elida Ruiz-Chin, Customer Service Representative II 602-542-0904
Robert Tolton , Licensing Manager 602-542-0903

Arizona Department of Agriculture
Environmental Services Division
1688 W. Adams, Phoenix, AZ 85007
Phone: 602-542-0904 Fax: 602-542-0466

FOR ADA USE ONLY
License No: PUC_____
Check #: _____
Check Date: _____
Check Amount: _____
Line Number: _____

REQUEST FOR RECIPROCAL LICENSE
CERTIFIED APPLICATOR – COMMERCIAL (PUC)
Restricted Use Certification

Applicant Name*: _____ **Government Employee: Yes** ____ **No** ____

Social Security Number*: _____ **E-Mail Address** _____

Mailing Address*: _____ **City** _____ **State** _____ **Zip** _____

Daytime Phone*: _____ **Cell:** _____ **Fax :** _____

Arizona Employer Name*: _____ **E-Mail Address:** _____

Mailing Address*:_____ **City** _____ **State** _____ **Zip** _____

Daytime Phone *: _____ **Employer Fax** _____

What state is your resident pesticide certification in*: _____ **When does this license expire*:** _____

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.

Indicate categories you are requesting to be licensed in:

Test Category	Mark with X
PUC Core	☐
Agriculture Pest Control	☐
Forest Pest Control	☐
Seed Treatment	☐
Aquatic Pest Control	☐
Regulatory Pest Control (Government Only)	☐
M-44	☐
Rodent	☐

Pursuant to A.A.C. R3-3-208.C(1) – An individual seeking fumigation certification must first be certified as a private applicator or a commercial applicator.

Return this application along with your $50.00 fee 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 70 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 certified commercial applicator license, pursuant to A.R.S. 3-363.10(g). By my signature below I agree to conduct business as a certified commercial applicator 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:**_____

Arizona Reciprocal Certification Eligibility Verification

Mail to:

Arizona Department of Agriculture
Licensing & Registration
1688 W. Adams
Phoenix, AZ 85007

Certification Information Provided To:

Fax to:

Arizona Department of Agriculture
Licensing & Registration
(602) 542-0466

Applicator Information: (Please Print)

Last Name: First Name: MI:

Applicator License/Certification Number: | Applicator's State of Residence:

Applicator Address Information:

Legal Name as Registered:

Street Address (No PO Box):	Mailing Address: (if different)
City: State: Zip:	City: State: Zip:
Phone Number:	Alternate Phone Number:

THIS SECTION TO BE COMPLETED BY LICENSING AUTHORITY FROM STATE OF ISSUE.

Type or Title of License Issued: _____

License Expiration Date:_____/____/_____ State Issued In: _____

How was certification obtained? ◯ Exam ◯ Workshop ◯ Other_____

Is core exam included in category 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: ____/____/_____ Test Score: _____ Applicator Certified records have been disposed: ◯

Information Completed By:

Signature: _____ Date: _____

Name (Print): _____Title: _____

Agency:_____ Phone: _____

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FOR ADA USE ONLY
License No: AAP
Check #:
Check Date:
Check Amount:
Line Number: _____

AGRICULTURAL AIRCRAFT PILOT LICENSE (AAP) NEW APPLICATION

Applicant Name*: _____ PUC License #: _____

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 mailing address)

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**
	H	**AAP Core**	

Agricultural Aircraft Pilot Licenses expire on December 31. Agricultural Aircraft Pilots found operating without a current license are subject to regulatory action.

_____ Initial	**I will maintain my health certificate. Should I not be able to maintain my health certificate for my Commercial Pilot Certificate from the FAA, I will notify the Department within 72 hours to temporarily relinquish my Agricultural Aircraft Pilot License.**

I would like to obtain an Agricultural Aircraft Pilot License for: _____ 1 year for $50.00 _____ 2 years for $100.00

Return this application along with your fee and a copy of your <u>Commercial Pilot Certificate from the FAA</u> 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 70 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 an Agricultural Aircraft Pilot License, pursuant to A.R.S. 3-363.10(d). By my signature below I agree to conduct business as an Agricultural Aircraft Pilot 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 _____