



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](mailto:licensing@azda.gov)

## **Qualified Applicator (QA) Certification Application Requirements**

**Complete Application** – in accordance with A.A.C R3-8-204 (B) includes the applicants Full Name; AZ PMD Applicator Certification No.; QA Certification No. (for Broadening Applicants); 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.

**Application and Handling Fee** – \$75.00 application + \$10 handling fee for New QA Certification Applicants or \$25.00 application +\$10 handling fee for Broadening QA Certification Applicants. The handling fee is not applicable for online application submissions.

**Experience for New Applicants** – 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 QA Applicants** – in accordance with A.R.S. § 3-3614 C – 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, and the FBI requires the applicant 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.

**Experience for Broadening Applicants** – Pursuant to A.A.C. R3-8-210 – To broaden a QA certification, the QA shall submit the evidence of experience required under R3-8-204(C) for the category in which broadening is sought except as provided in subsection (D) of R3-8-204 which states:



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A QA may become certified without meeting the experience requirement of R3-8-204(C) in the categories of:

1. Right-of-Way or ornamental and turf if the individual has QA certification in the category of industrial and institutional, wood-destroying organism treatment, ornamental and turf, or right-of-way.
2. Wood-destroying organism management if the individual has QA certification in the industrial and institutional category.
3. Wood Preservation if the individual has QA certification in the wood-destroying organism treatment category.

*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* – Upon submission of a complete application the applicant may schedule testing on the next business day. Certification will be issued once the applicant's application is administratively and substantively complete by providing the following:

- Complete Qualified Applicator Certification Application
- Applicable application fee
- Statement of Lawful Presence to Receive Public Benefits
- Applicable Evidence of Lawful Presence to Receive Public Benefits
- Background Investigation completed by the Arizona Department of Public Safety and U.S. Federal Bureau of Investigations, or 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
- Score of 75% or higher all applicable exams (Core and at least one Category Specific Exams for New Qualified Applicator Certification Applicants or Category Specific Exams for Broadening Applicants)



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### Qualified Applicator Certification Application

- Fee Schedule:  New QA Certification - \$85.00 (Handling Fee of \$10.00 already included)  
 Broaden QA Certification - \$25.00 (Handling Fee of \$10.00 already included)

Full Legal Name: \_\_\_\_\_ Applicator 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 broadening) Government Employee?  Yes  No

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

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**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.

**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

(\*The Public Health Pest Control Category is only available to government (Federal, State, County, and Municipal) employees only.)

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.

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

Arizona Revised Statutes § 41-1080 requires that 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