



Arizona Department of Agriculture

Office of Pest Management

1688 W. Adams Street, Phoenix, Arizona 85007

(602) 542-3578 FAX (602) 542-0466

<http://agriculture.az.gov>

Certification Reciprocity Application Requirements

Complete Application – including the applicants Full Name; current or former Applicator Certification # (if applicable); Home Address; Mailing Address; Telephone Number; Email Address (if applicable); Date of Birth; Social Security #; Denied, Suspended, or Revoked question answered; Requested Certification Category(s); Signature and Date.

Application Fee – \$75.00 for New Applicator Certification applicants or \$100.00 for New Qualified Applicator Certification applicants

Submit the Completed Arizona Reciprocal Certification/ License Eligibility Verification Form – 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.

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.

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.

The Process – Upon receipt of a (1) complete application, (2) applicable application fee, (3) Statement of Lawful Presence to Receive Public Benefits, (4) applicable evidence of lawful presence to receive public benefits, and (5) score of 75% or higher on the reciprocity exam and all applicable category-specific exams for Applicator Certification or Qualified Applicator Certification; your certification will be issued and mailed to the address of record.



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Certification Reciprocity Application

Fee Schedule

New Applicator Certification: \$75.00

New Qualified Applicator Certification: \$100.00

Applicant: (Please print clearly or type)

Full Legal Name: _____

(REQUIRED - First Name, Middle Name, Last Name – NO INITIALS)

Applicator No. _____ (current or former)

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

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

Telephone: _____ E-Mail Address: _____

Date of Birth: _____ Social Security #: _____

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.

Arizona Employer Name: _____ OPM Bus. License #: _____ (if applicable)

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

Telephone: _____ E-Mail Address: _____

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

<input type="checkbox"/> Industrial & Institutional	<input type="checkbox"/> Ornamental & Turf	<input type="checkbox"/> Fumigation
<input type="checkbox"/> Wood-Destroying Organism Treatment	<input type="checkbox"/> Right-of-Way	<input type="checkbox"/> Wood Preservation
<input type="checkbox"/> Wood-Destroying Insect Inspection	<input type="checkbox"/> Aquatic	

NOTE: Applicator reciprocity negates the need to take the Core exam, however you must take the reciprocity exam. Qualified Applicator reciprocity negates the need to have an Applicator Certification and the need to take the Core exam, however you must take the reciprocity exam. 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 is 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: _____

Arizona Reciprocal Certification/License Eligibility Verification

Certification Information Provided to:

Mail to:
Arizona Department of Agriculture
Office of Pest Management
1688 W. Adams
Phoenix, AZ 85007

Fax to:
Arizona Department of Agriculture
Office of Pest Management
(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.

State Issued In: _____

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 not, 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: _____

**OFFICE OF PEST MANAGEMENT
STATEMENT OF LAWFUL PRESENCE
TO RECEIVE PUBLIC BENEFITS**

LICENSES

Title IV of the Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the “Act”), 8 U.S.C. §§ 1611 & 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt “qualified aliens” (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive public benefits. A professional or commercial license is generally considered a public benefit under the Act.

Arizona Revised Statutes § 41-1080 requires that an individual applying for a license issued by the Office—(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 covered by these laws must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit this completed form with your application for license or renewal.

Individuals seeking a license required to operate a business or to provide a service to any other individual or business must also submit a copy (front and back, if any) of one or more documents from the attached list that evidence your citizenship or lawful alien status with your application. If your documentation of lawful presence does not have a photograph, you must also provide a government issued id with a photograph. If the Office 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.

SECTION I — APPLICANT INFORMATION

APPLICANT’S NAME (Print or type) _____ DATE _____

TYPE OF APPLICATION (check one) INITIAL APPLICATION RENEWAL

TYPE OF CERTIFICATION _____

SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States? (check one) Yes No

If the answer is “Yes,” where were you born? List city, state (or equivalent), and country.

City _____ State (or equivalent) _____ Country or Territory _____

If you are a citizen or national of the United States, go to Section IV. If you are not a citizen or national of the United States, please complete Sections III and IV.

SECTION III — ALIEN STATUS DECLARATION

Directions: To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box.

“Qualified Alien” Status (8 U.S.C. §§ 1621(a)(1), 1641(b) and (c))

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- 2. An alien who is granted asylum under Section 208 of the INA.
- 3. A refugee admitted to the United States under Section 207 of the INA.
- 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld under Section 243(h) or 241(b)(3) of the INA.
- 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- 8. An alien who is, or whose child or child’s parent is a “battered alien” or an alien subjected to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. *See* 8 U.S.C. § 1101(a)(15).

Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))

- 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA.

Other Persons (8 U.S.C. § 1621(c)(2)(A) & (C))

- 11. A nonimmigrant whose visa for entry is related to employment in the United States.
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*]
- 13. A foreign national not physically present in the United States. (Applicable to professional licenses only.)

Otherwise Lawfully Present (A.R.S. § 1-502)

- 14. A person not described in categories 1–13 who is otherwise lawfully present in the United States. **PLEASE NOTE: Federal law may make persons who fall into this category ineligible for public benefits.** *See* 8 U.S.C. § 1621(a).

SECTION IV — 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.

Name of document provided (acceptable documents are listed on Page 3 of this document):

APPLICANT’S SIGNATURE

TODAY’S DATE

Attachment: List of Evidence of U.S. Citizenship, U.S National Status, or Alien Status

EVIDENCE OF U.S. CITIZENSHIP, U.S NATIONAL STATUS, OR ALIEN STATUS

- (1) An Arizona driver license issued after 1996 or an Arizona nonoperating identification license;
- (2) A birth certificate or delayed birth certificate issued in any State, Territory, or Possession of the United States, including the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (3) A United States Certificate of Birth Abroad: Consular Report of Birth Abroad of a Citizen of the United States (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) (copies of which are available from the Department of State);
- (4) A United States passport;
- (5) A foreign passport with a United States visa;
- (6) * An I-94 Form with a photograph and appropriate stamp as described below;
- (7) A United States Citizenship and Immigration Services Employment Authorization Document (* Form I-766 annotated A3, A5, or A10; or * Form I-551: Permanent Resident Card or Alien Registration Receipt Card) or Refugee Travel Document (Form I-571);
- (8) A United States Certificate of Naturalization (N-550 or N-570);
- (9) A United States Certificate of Citizenship (N-560 or N-561);
- (10) A Tribal Certificate of Indian Blood; or
- (11) A Tribal or Bureau of Indian Affairs Affidavit of Birth.

An applicant for a license may alternatively submit the following:

- (12) A driver license issued by a State that verifies lawful presence in the United States, which does not include Alaska, Hawaii, Iowa, Illinois, Michigan, Montana, North Carolina, Nebraska, New Mexico, Nevada, Oklahoma, Oregon, Rhode Island, Texas, Utah, Vermont, Washington, or Wisconsin.
- (13) Another license issued by the federal government, any state government, an agency of this state, or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.

Acceptable stamps and annotations:

a. “Qualified Aliens”

Alien Lawfully Admitted for Permanent Residence

- Unexpired Temporary I-551 stamp in foreign passport or on * Form I-94.

Asylee

- * Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA.
- * Form I-766 (Employment Authorization Document) annotated “A5.”

Refugee

- * Form I-94 annotated with stamp showing admission under § 207 of the INA.
- * Form I-766 (Employment Authorization Document) annotated “A3.”

Alien Paroled Into the U.S. for a Least One Year

- * Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

Alien Whose Deportation or Removal Was Withheld

- * Form I-766 (Employment Authorization Document) annotated “A10.”

Alien Granted Conditional Entry

- * Form I-94 with stamp showing admission under §203(a)(7) of the INA.
- * Form I-766 (Employment Authorization Document) annotated “A3.”

Cuban/Haitian Entrant

- Unexpired temporary I-551 stamp in foreign passport or on * Form I-94 with the code CU6 or CU7; or
- Form I-94 with stamp showing parole as “Cuba/Haitian Entrant” under Section 212(d)(5) of the INA.

b. Nonimmigrant

- * Form I-94 with stamp showing authorized admission as nonimmigrant.

c. Alien Paroled into U.S. for Less than One Year

- * Form I-94 with stamp showing admission for less than one year under section 212(d)(5) of the INA.

* Indicates a registration document.