



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

Applicants with Criminal Conviction(s) Supplement

Qualified Applicator Applicants may provide the following information for Arizona Department of Agriculture (AZDA) review, in the event their background investigation indicates one or more Felony conviction(s) and/ or Misdemeanor conviction(s) involving moral character.

- Completed Conviction Disclosure Form
- A complete copy of the Sentencing Orders.
- A complete copy of the Pre-Sentence Report. If the Pre-Sentence Report is unavailable, please submit a complete copy of the Original Police Report.
- If on Parole or Probation, a letter from your Parole or Probation Officer indicating your current status. If Parole or Probation has been successfully completed, a complete copy of your Order of Discharge from Probation or Parole.
- Typed and detailed explanation of the events that lead to the conviction(s), the terms of the conviction(s), the disposition of the conviction(s), and the current status of the applicant
- Letters of Recommendation (optional) - providing information about your character, both personal & professional, signed & dated. Please provide contact information for each letter of recommendation

A conviction that is/was undesignated, set aside, or has been expunged, is still considered a conviction. If you have any doubt whether your conviction must be disclosed, disclose it for the AZDA to consider.

When all required information is received, the AZDA will review your application. If you have any questions, please contact us via email (licensing@azda.gov) or telephone (602.542.3578). Thank you.



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Criminal Conviction Disclosure Form

(Please type or print clearly)

Full Legal Name: _____ Telephone #: _____

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

Physical Address: _____ City: _____ State: _____ ZIP: _____

Date of Birth: _____ Last 4-digits of Social Security Number: XXX-XX - _____

If you have any doubt whether your type of conviction must be disclosed, disclose it for the AZDA to consider. Failure to disclose all relevant convictions may result in denial of licensing.

To complete your application, the following information must be provided.

The **charge(s)** for which you were convicted: _____

The **date(s)** of the conviction(s): _____

The **jurisdiction(s)** where the conviction(s) occurred: _____

The **disposition(s)/outcome(s)** of the conviction: _____

Your current status (i.e. parole, probation, etc.): _____

I hereby make the above statement to the Arizona Department of Agriculture as a statement of fact of the official record as a true and correct statement and that I have read and understand the information above.

Signature: _____ Date: _____