

## Arizona Reciprocal Certification/License Eligibility Verification

Certification Information Provided to:

**Mail to:**  
**Arizona Department of Agriculture - Pest Management Division**  
**1802 West Jackson Street, No. 78, Phoenix, AZ 85007**

**Email to:**  
**licensing@azda.gov**  
**Fax to:**  
**Arizona Department of Agriculture - Pest Management**  
**Division (602) 542-0466**

**Applicator Information: (Please Print)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

<b>Applicator License/Certification Number:</b>	<b>Applicator's State of Residence:</b>
<b>Applicator Address Information:</b> Street Address (No PO Box):	Mailing Address: (if different)

Phone Number:	Alternate Phone Number:
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**This Section to be Completed by Licensing Authority from State of Issue/Government Agency.**

State of Issue/Government Agency: \_\_\_\_\_ Applicator Certified records have been disposed:

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 no, is the National Core Exam incorporated in your category-specific 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: \_\_\_\_/\_\_\_\_/\_\_\_\_    Did Applicator Score 75% or more?     Yes                     No

**Information Completed By:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_