



Arizona Department of Agriculture Pest Management Division

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.

Disclaimer: 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.



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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: _____ Applicator No. _____
(REQUIRED - First Name, Middle Name, Last Name – NO INITIALS) (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: _____ PMD 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 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: ____/____/____ Test Score: _____ Applicator Certified records have been disposed:

Information Completed By:

Signature: _____ Date: _____

Name (Print): _____ Title: _____

Agency: _____ Phone: _____



ARIZONA DEPARTMENT OF AGRICULTURE STATEMENT OF LAWFUL PRESENCE TO RECEIVE PUBLIC BENEFITS

LICENSES/ CERTIFICATIONS

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 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 also provide a 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.

APPLICANT INFORMATION

APPLICANT'S LEGAL NAME (Print or type) _____

TYPE OF LICENSE/CERTIFICATION APPLICATION (check one) NEW RENEWAL

EVIDENCE OF CITIZENSHIP, NATIONAL OR ALIEN STATUS

Evidence of Citizenship – please check the box corresponding to the document you are providing. The following documents need only be supplied once as long you remain certified.

- A birth certificate showing birth in one of the 50 states, 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);
- Form N-550 or N-570, United States Certificate of Naturalization
- Form DD-214 (Report of Separation Military Discharge Document) showing US Place of Birth
- United States Passport; or A foreign passport with a United States visa.
- 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
- Form N-561, Certificate of Citizenship
- Form I-197, United States Citizen Identification Card
- Form I-873 (or prior versions), Northern Marianas Card
- Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have an FS-240, FS-545, or DS-1350)
- Form I-872 (or prior versions), American Indian Card with a classification code "KIC"; A tribal certificate of Indian blood; or A tribal or bureau of Indian affairs affidavit of birth.

Evidence of Lawful Presence – please check the box corresponding to the document you are providing. The documents listed below must be submitted with every new certification application and certification renewal, no exceptions.

- Arizona Driver’s License issued after 1996.
- 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.
- Form I-551 (Alien Registration Receipt, Resident Alien, or Permanent Resident Card; aka Green Card)
- Form I-766 (Employment Authorization Document)
- Form I-94 (Arrival/Departure Record)
- Form I-688B (Employment Authorization Card)
- Unexpired temporary I-551 stamp in foreign passport or on Form I-94
- Order from an immigration judge showing deportation withheld
- Order of an immigration judge granting asylum
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service

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