



Wisconsin Dept. of Agriculture, Trade and Consumer Protection
Division of Agricultural Resource Management
Bureau of Agrichemical Management
P.O. Box 93598
Milwaukee, WI 53293-0598
Phone: (608) 224-4548
DATCPesticideinfo@wi.gov

Individual Commercial Pesticide Reciprocal Applicator Certification/License Application Instructions

Apply online at: https://datcp.wi.gov/Pages/Licenses_Permits/Reciprocal.aspx

Eligibility criteria:

- (1) Current commercial pesticide applicator certification within your state of residence.
 - a. If you are a resident of Wisconsin, you may not apply for reciprocity. You must certify in Wisconsin and apply for an Individual Commercial Applicator License instead.
- (2) Passed a closed book certification exam within the past five (5) years. **Continuing education for recertification is not accepted.**
- (3) Certified to use restricted use pesticides within a category that is equivalent to a Wisconsin commercial pesticide applicator certification category.
- (4) 16 years of age or older.
- (5) If you are an Individual Commercial Pesticide Applicator for hire, the business you are employed by, or own, must have a valid [Wisconsin Commercial Pesticide Application Business License](#).

Submit the following:

- (1) Individual Commercial Pesticide Reciprocal Applicator Certification/License Application form (DARM-BACM-020).
- (2) Reciprocal Certification Verification form (DARM-BACM-027). **Must be completed by your state of residence commercial pesticide certification issuing agency (e.g., Dept. of Agriculture, Office of State Chemist, Dept. of Environmental Protection, Dept. of Health Services).**
- (3) Copy of your current state of residence issued pesticide certification card.
- (4) Copy of your current state of residence issued photo identification.
- (5) Applicable fees as calculated on form DARM-BACM-020.

Aerial Pesticide Applicators must submit:

- (1) Copy of your pilot and/or airline transport pilot license; and/or remote pilot certificate.
- (2) Copy of your Agricultural Aircraft Operation Operator certificate, e.g. "part 137 authorization."

Wait! Read the Statement Below Before Applying:

The Pesticide Certification and Licensing Program is frequently reevaluating certification standards in other states in order to determine if different certifications can be reciprocated. Even if you have been reciprocated before, please visit this website: https://datcp.wi.gov/Pages/Licenses_Permits/Reciprocal.aspx, in order to view what certifications are required in other states in order to be reciprocated in Wisconsin this licensing cycle. If this information is not provided for your state or you are still unsure if you can be reciprocated, please contact the Pesticide Certification and Licensing Program before applying for a Reciprocal Individual Commercial Applicator's License. **LICENSE FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE!**



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OFFICE USE ONLY

Date Received

License No

Check #

Individual Commercial Pesticide Reciprocal Certification/License Application

Section 94.704, Wis. Stats., and Sections ATCP 29.25 and 29.26, Wis. Adm. Code

Applicant's Name and Home Address	Employer / Sole Proprietor Name and Address
LEGAL NAME	LEGAL BUSINESS NAME
HOME STREET ADDRESS	DOING BUSINESS AS:
CITY STATE ZIP	MAILING ADDRESS
COUNTY	CITY STATE ZIP
MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS)	BUSINESS TELEPHONE NUMBER ()
TELEPHONE NUMBER: ()	<p>COMMERCIAL PESTICIDE APPLICATOR FOR HIRE ONLY Commercial Pesticide Application Business Location License Number (consult your employer) <input type="checkbox"/> Check here if you have also submitted an application for your first Pesticide Business License.</p>
E-MAIL ADDRESS:	<p>93-</p> <p>APPLICANT'S SOCIAL SECURITY NUMBER: <i>Your Social Security Number is required, under sec. 93.135, Wis. Stats., to determine if your license should be denied, not renewed, suspended, or restricted for failure to make court-ordered family support payments. Complete the included SSN submission form . If you are an individual applicant and do not have a Social Security Number, you must complete the form found at the following link and submit it to DATCP: https://dcf.wisconsin.gov/files/forms/pdf/2462.pdf [s. 93.135 (1m), Wis. Stats.].</i></p>

FEE

Reciprocal Commercial Certification \$75 / License \$40 Fee\$115.00
ACCP surcharge: Variable based on ACCP fund balance on May 1 of each year.....\$0.00
Late Fee If you held this license the previous year, AND you are paying after December 31.....\$8.00
 *Employees of governmental or educational institutions pay a \$75.00 certification fee and are exempt from the applicator license and ACCP fees if applications of pesticides are made ONLY as part of the employment.

AMOUNT ENCLOSED.....\$

IMPORTANT: LICENSES ARE NON-TRANSFERABLE AND LICENSE FEES ARE NON-REFUNDABLE.

Make check payable to: Wisconsin Department of Agriculture, Trade and Consumer Protection (WI DATCP)
Mail this form and the fee to: State of Wisconsin, DATCP, P.O. Box 93598, Milwaukee, WI 53293-0598

AFFIRMATION: I hereby certify that the information submitted on this form and any attached pages are complete and accurate.

CERTIFIED PESTICIDE APPLICATOR SIGNATURE	MONTH	DAY	YEAR
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Personal information you provide may be used for purposes other than that for which it was originally collected [ss. 15.04(1)(m), Wis. Stats.]. Completion of this form is required to obtain an Individual Commercial Pesticide Applicator's License [ss. 15.04(1)(m) and 94.704(2), Wis. Stats.].

MAKE A PHOTOCOPY OF THIS APPLICATION TO SERVE AS A RECEIPT FOR YOUR RECORD



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Division of Agricultural Resource Management Division
 Bureau of Agricchemical Management
 P.O. Box 8911
 Madison, WI 53708-8911
 Phone: (608) 224-4548 Fax: (608) 224-4656
 Email: DATCPpesticideinfo@wi.gov

OFFICE USE ONLY
Date Received
License No

Individual Reciprocal Certification Verification
 Section 94.705(4), Wis. Stats., and Sections ATCP 29.26(10), Wis. Adm. Code

This individual is applying for Reciprocal Commercial Pesticide Applicator Certification in Wisconsin.

Applicator Name

Street Address

City State ZIP

The applicator is a RESIDENT of the state of: _____

An authorized representative of the state agency that issued the commercial pesticide certification /licensing credentialing must complete the remaining portion of this form. (e.g., Dept. of Agriculture, Office of State Chemist, Dept. of Environmental Protection, Dept. of Health Services.)

The applicator has completed and passed the examination(s) from the state of: _____

What type of certification / license does this applicator have? Commercial Non-Commercial Private

Can this applicator use restricted-use pesticides? Yes NO

Has the applicator's certification / licensing been suspended, revoked, canceled, denied, or conditionalized? Yes NO

Is there any such action (suspension, revocation, cancellation, denial, conditionalization) currently in progress? Yes NO

If this applicator's certification / license was suspended, revoked, cancelled, denied, or conditionalized explain and give the date of action on reverse side of this form.

**List the date(s) when the applicant passed their last written, closed book exam(s).
 DO NOT list continuing education units, continuing education credits, or continuing education hours.**

Category	Category Description	Exam Date (written closed book)

Information Supplied by:

Name _____	Signature _____
Title _____	Agency _____
Phone Number _____	Date _____

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Madison WI 53708-8911
Phone: (608) 224-4500

For Office Use Only
License Number: _____
Date received: _____

Request for Social Security Number (SSN) [s. 93.135, Wis. Stat.]

PLEASE READ THIS IMPORTANT NOTICE

PLEASE COMPLETE THIS FORM, ATTACH IT TO THE APPLICATION, AND RETURN IT TO THE ADDRESS LISTED ON THE APPLICATION.

Except as provided in s. 93.135(1m), Wis. Stats., Wisconsin law requires the Department of Agriculture, Trade and Consumer Protection (DATCP) to collect Social Security Numbers (SSNs) from each individual applicant as a condition of applying for an certain licenses, registrations, certificates of registration, permits and certifications. DATCP is required by law to provide the SSNs collected to the Department of Children and Families (DCF).

Under s. 93.135(2), Wis. Stats., collected SSNs are CONFIDENTIAL. DATCP will handle and protect the confidentiality of SSNs in accordance with its Security of Personally Identifiable Information Policy.

Please do not substitute a Federal Employer Identification Number (FEIN) for your SSN, even if you are an individual who holds both numbers.

If you are an individual applicant **without an SSN**, you must complete the DCF Application and Affidavit form found [here](#). The form requires you to state under oath or affirmation that you do not have an SSN. A license issued in reliance on a false statement is invalid.

1. **Individual's Complete Legal Name:** _____
First Middle Last

2. **Social Security Number:**

□ □ □ - □ □ - □ □ □ □

To the extent allowable by law, the information provided on this form will be shared only with DCF and will not be used by DATCP for any purpose other than that for which it was collected [ss. 15.04(1)(m) and 93.135(2), Wis. Stats.]. Completion of either this form or the DCF Application and Affidavit form is **required** to complete your application [s. 15.04(1)(m), Wis. Stats.].