

Bureau of Plant Industry · 2301 N. Cameron St. · Harrisburg, PA 17110 Phone:717-772-5231 Email: pesticides.pa.gov Website: www.agriculture.pa.gov

APPLICATION FOR INITIAL CERTIFICATION THROUGH RECIPROCITY

Section 1 – Instructions

- If you are a nonresident of Pennsylvania and hold a valid commercial or public license in any of the states listed in section 3, a Pennsylvania license will be issued once in eligible categories.
 - > This only waives taking the pesticide exams. Once certified, you must comply to PA recertification requirements.
- If you are a resident of Pennsylvania or your state is not listed, you must take Pennsylvania's pesticide exams.
- A copy of your driver's license and certification identification card must be submitted with this application.
- Please print legibly to avoid errors and delays.
- Processing is approximately 10-15 business days. Upon approval an application for the license will be mailed.
- Questions? Call 717-772-5201 Email kianlewis@pa.gov

Section 2 – List the categories which you are certified. Include the category number and the description of the category (ie: category 7 – lawn and turf).

Section 3 – Check the state in which you took your pesticide exam in:							
	Arkansas Delaware District of Columbia Florida Georgia Idaho Indiana – except WDO Iowa		Louisiana Maine Maryland Mississippi – only aerial Montana – only categories Nebraska New Jersey New York		Ohio Rhode Island South		West Virginia Wisconsin Wyoming
Include a copy of your driver's license and certification card below. If more space is needed, submit on a separate sheet.							

Section 3 – Home contact information and signature PRINT FIRST NAME PRINT LAST NAME M.ISr./Jr YOUR DATE OF BIRTH: ___ /__ /__ __/___ GENDER HOME ADDRESS LINE 1 **HOME ADDRESS LINE 2** HOME CITY OR TOWN **STATE** ZIP CODE HOME TELEPHONE # (__ __) ___ -__ -__ _____ **EMAIL ADDRESS:** One letter per space please Section 4 – Business contact information CHECK HERE IF STARTING A NEW BUSINESS IN PENNSYLVANIA BUSINESS' OR EMPLOYER'S NAME (Where your certification will be attached, see below) Is this a Federal, State, County or Does this Business hold a If yes, enter the PA PA Pesticide Business License? Y Municipal Government agency? license number BU _____ **BUSINESS' ADDRESS** BUSSINESS' CITY OR TOWN **ZIP STATE** I verify all of the information set forth in this Application For Initial Certification Through Reciproctiy to be true and correct, and make this statement subject to the criminal penalties for unsworn falsification to authorities, as set forth at 18 Pa.C.S.A. § 4904). SIGNATURE: DATE:

Complete all sections of the application and either email or mail.
Email is the preferred method.
Email: kianlewis@pa.gov
Pennsylvania Department of Agriculture
Bureau of Plant Industry – Pesticide Reciprocity

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