

Bureau of Plant Industry

2301 N. Cameron St.

Harrisburg, PA 17110

Phone:717-772-5231 Fax: 717-783-3275

Website: www.agriculture.state.pa.us

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 2, a Pennsylvania license will be issued once in eligible categories.
* 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 717-772-5231

Complete all sections of the application and submit by fax 717-783-3275 or mail:

Pennsylvania Department of Agriculture

Bureau of Plant Industry – Reciprocity

2301 N. Cameron St

Harrisburg, PA 17110

Section 2 – Residency, please check the state in which you reside:

|  |  |  |  |
| --- | --- | --- | --- |
| Arkansas | Maine | North Dakota | West Virginia |
| Delaware | Maryland | Ohio | Wisconsin |
| District of Columbia | Massachusetts | Rhode Island | Wyoming |
| Florida | Mississippi | South Carolina |  |
| Idaho | Montana | Tennessee |  |
| Indiana | Nebraska | Utah |  |
| Iowa | New Jersey | Vermont |  |
| Louisiana | New York | Virginia |  |

Include a copy of your driver’s license and certification card below. If more space is needed, submit on a separate sheet.

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Section 3 – Contact information and signature

PRINT FIRST NAME PRINT LAST NAME M.I Sr./Jr /III

M

F

YOUR DATE OF BIRTH: \_\_\_ \_\_\_ /\_\_\_ \_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_ GENDER

 M M D D Y Y Y Y

HOME ADDRESS LINE 1

HOME ADDRESS LINE 2

HOME CITY OR TOWN STATE ZIP CODE

HOME TELEPHONE # (\_\_ \_\_ \_\_) \_\_\_ \_\_\_ \_\_\_ -\_\_\_ \_\_\_ \_\_\_ \_\_\_

EMAIL ADDRESS:

 *One letter per space please*

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SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

N

Y

N

Y

Municipal Government agency? Pesticide Business License? license number BU \_\_\_\_\_\_\_\_

BUSINESS’ ADDRESS

BUSSINESS’ CITY OR TOWN STATE ZIP CODE

BUSSINESS’ TELEPHONE # (\_ \_ \_) \_\_ \_\_ \_\_ -\_\_ \_\_ \_\_ \_\_

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Pennsylvania Department of Agriculture

Bureau of Plant Industry – Pesticides

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