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 717-772-5231

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
- Idaho
- Indiana – except WDO
- Iowa
- Louisiana
- Maine
- Maryland
- Mississippi – only aerial
- Montana – only categories
- Nebraska
- New Jersey
- New York
- North Dakota
- Ohio
- Rhode Island
- South Carolina
- Tennessee
- Utah
- Vermont
- Virginia
- West Virginia

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.I. __________________ Sr./Jr. __________________

YOUR DATE OF BIRTH: ___/___/___________ GENDER M ☐ F ☐ D ☐ D ☐ 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

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 Municipal Government agency? ☐ Y ☐ N

Does this Business hold a PA Pesticide Business License? ☐ Y ☐ N If yes, enter the PA license number BU _______

BUSINESS’ ADDRESS

BUSSINESS’ CITY OR TOWN ________________________________ STATE ___________ ZIP ____________

BUSSINESS’ TELEPHONE # (___) ___ ___ - ___ ___ ___ ___

Complete all sections of the application and submit by fax 717-783-3275 or mail:
Pennsylvania Department of Agriculture
Bureau of Plant Industry – Pesticides
2301 N. Cameron St
Harrisburg, PA 17110