State of Wisconsin
Governor Scott Walker

Department of Agriculture, Trade and Consumer Protection
Ben Brancel, Secretary

Individual Commercial Pesticide Reciprocal Applicator Certification/License Application Requirement Instructions

Individual Commercial Applicator Certification/License

To be eligible for Reciprocal Commercial Applicator Certification/License you must meet the following criteria:

(1) Currently a certified commercial pesticide applicator within your state of residence.
(2) Certified within a category that is an equivalent to a Wisconsin commercial pesticide applicator certification category, and able to make restricted use pesticide applications.
(3) Successfully passed (test score of at least 70% or greater) a closed book commercial pesticide certification exam in the state that you reside in within the past five (5) years. **Continuing education units/credits are not accepted as a form of recertification.**
(4) At least 16 years of age or older.
(5) If you will be performing duties as an Individual Commercial Pesticide Applicator for hire, the business that you are employed by or own must have a valid Wisconsin Commercial Pesticide Application Business License.

Submit the following:

(1) The completed Individual Commercial Pesticide Reciprocal Applicator Certification/License Application (ARM-ACM-379) for year ending 2016.
(2) The completed Reciprocal Certification Verification form (ARM-ACM-448). This form must be completed by your state of residence commercial pesticide certification issuing agency (e.g., Department of Agriculture, Office of State Chemist, Department of Environmental Protection, Department of Health Services, etc.).
(3) The completed Social Security form (ARM-356).
(4) A legible copy of your current state of residence issued pesticide certification card.
(5) A legible copy of your current state of residence issued photo identification.
(6) The applicable fees as calculated on form ARM-ACM-379.
(7) If this is a renewal, the bottom portion of the Renewal Payment Coupon.

Aerial Pesticide Applicators must also include:

(1) A legible photocopy of your Commercial Pilot and/or Airline Transport pilot's license.
(2) A legible photocopy of your Commercial Agricultural Aircraft Operations Operating Certificate (FAA form FAR-137).

ARM-379 (Rev 10/13)

Wisconsin Dept. of Agriculture, Trade and Consumer Protection
Division of Agricultural Resource Management
Bureau of Agrichemical Management
PO Box 93479
Milwaukee, WI 53293-0479
Phone: (608) 224-4548

OFFICE USE ONLY
Date Received
Check #

Individual Commercial Pesticide Reciprocal Certification/License Application for the year ending 2016
(Section 94.704, Wis. Stats., and ATCP 29.25, Wis. Adm. Code)

Applicant Name and Home Address	Employer / Sole Proprietor Name and Address
LEGAL NAME	LEGAL NAME
HOME STREET ADDRESS	ALSO DOING BUSINESS AS:
	MAILING ADDRESS
CITY STATE ZIP	CITY STATE ZIP
HOME TELEPHONE NUMBER ( )	BUSINESS TELEPHONE NUMBER ( )
E-MAIL ADDRESS:	**COMMERCIAL PESTICIDE APPLICATOR FOR HIRE ONLY** Commercial Pesticide Application Business Location License Number (Consult your Employer) **93-**

An Individual Commercial Pesticide Reciprocal Applicator Certification/License is required of any person who does any of the following:

(1) Personally uses or directs the use of **ANY** pesticide as a commercial applicator **FOR-HIRE**.
(2) Personally uses a **RESTRICTED-USE** pesticide as a commercial applicator.
(3) Directs the use of a pesticide by a person specified under (1) or (2).
Note: "Use" includes applying, mixing, loading, and disposal of pesticides.

FEE DUE

Reciprocal Commercial Certification/License Fee.....**$126.20**

*Employees of governmental or educational institutions are exempt from the applicator license and ACCP fees if applications of pesticides are made ONLY as part of the employment.

AMOUNT ENCLOSED.....**$**_____

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

Make check payable to: **Wisconsin Department of Agriculture, Trade and Consumer Protection (WDATCP)**

Mail this form and the fee to: **State of Wisconsin, DATCP, Box 93479, Milwaukee, WI 53293-0479**

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

Personal information you provide may be used for purposes other than that for which it was originally collected (sec. 15.04(1)(m), Wis. Stats.).

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

ARM-ACM-448 (Rev.09/09)

Wisconsin Department of Agriculture, Trade and Consumer Protection
Division of Agricultural Resource Management Division
Bureau of Agrichemical Managment
PO Box 8911
Madison, WI 53708-8911
Phone: (608) 224-4548 Fax: (608) 224-4656

For DATCP Use Only

License No. _____-RA

Date Received: _____

Individual Reciprocal Certification Verification

Section 94.705(4) Wis. Stats. and ATCP 29.26(10), Wis. Adm. Code

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

Applicator Name

Applicator Address

Applicator City **Applicator State** **Applicator Zip**

The applicator is a RESIDENT of the state of:_____

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

The remaining portion of this form must be completed by an authorized representative of the state agency (e.g., Department of Agriculture, Office of State Chemist, Department of Health and Family Services, Department of Environmental Resources, etc.) who issued the commercial pesticide certification/licensing credentialing.

Did the applicator take your state exam? ☐ Yes ☐ NO

What type of certification / license does he / she hold? ☐ Commercial ☐ Non-Commercial ☐ Private

Can this applicator make pesticide applications using a restricted-use pesticide product? ☐ Yes ☐ NO

Has the applicator's certification / licensing been suspended, revoked, cancelled, 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 has been suspended, revoked, cancelled, denied, or conditionalized, please explain and give the date of action on reverse side of this form.

Please list the date(s) when the last written, closed book exam had been passed. Please DO NOT list the date(s) when training seminars were attended, or when continuing education units, continuing education credits, continuing education hours were attended.

Category	Category Description	Exam Date (written, closed book)

Information Supplied by:

Name: _____ Signature: _____

Title: _____ Agency: _____

Direct Phone Number: _____ Date: _____

Personal information you provide may be used for purposes other than that for which it was originally collected (sec. 15.04(1)(m), Wis. Stats).

ARM-356 (Rev. 12/14)

Wisconsin Department of Agriculture, Trade and Consumer Protection
Division of Agricultural Resource Management
PO Box 8911
Madison WI 53708-8911
Phone: (608) 224-4500

For Office Use Only

License Number:_____

Date received:_____

Request for Social Security Number (SSN) (Section 93.135, Wis. Stats.)

PLEASE READ THIS IMPORTANT NOTICE

PLEASE COMPLETE THIS FORM, ATTACH IT TO THE APPLICATION, AND RETURN IT IN THE ENVELOPE PROVIDED OR MAIL IT TO THE ADDRESS LISTED ON THE APPLICATION.

Section 93.135, Wis. Stats., requires the Department to collect the Social Security Number (SSN) of every Sole Proprietor or individual applying for an original license, registration, permit or certificate. This also applies to married couples listed on the same license. Please copy and complete an additional form for a spouse to be included on the license.

This requirement **DOES NOT APPLY TO:**

1. Any of the following which are registered with the Department of Financial Institutions: Limited Partnerships, Limited Liability Partnerships (LLP), Limited Liability Companies (LLC), Corporations or Cooperatives. Please do not substitute a Federal Employer Identification Number (FEIN) for the SSN, even if you are an individual that holds both of these numbers.

2. General Partnerships. However, any licensee operating as a General Partnership must provide a copy of the legal partnership agreement, or page 1 of its most recently filed IRS form 1065, as proof of their exemption from the requirement (return documentation with your application).

Wisconsin Statute s. 93.135 requires the Department to collect the SSN from each applicant who is an individual or a sole proprietor and provide it to the Department of Children and Families. The Department will handle and protect the confidentiality of SSN in accordance with its Security of Personal Information policy

BY LAW, THE DEPARTMENT MAY NOT ISSUE A LICENSE, CERTIFICATE, REGISTRATION, OR PERMIT TO AN INDIVIDUAL OR SOLE PROPRIETOR UNTIL THE APPLICANT PROVIDES HIS OR HER SSN.

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

2. **Also operating under the following business names (please list if any):**
   _____

3. **Social Security Number (Individuals and Sole Proprietors must provide their SSN) - Do not supply FEIN.**

☐☐☐-☐☐-☐☐☐☐

NOTE: **If this license, permit, certificate, or registration is to be issued to a married couple, each individual must complete a separate form and return it with the application. This form can be photocopied/duplicated. Each individual must complete a separate form.**

Personal information you provide may be used for purposes other than that for which it was originally collected. (s. 15.04 (1)(m), Wis. Stats.) Social Security Numbers provided are CONFIDENTIAL by law.