



Wisconsin Department of Agriculture, Trade and Consumer Protection  
*Division of Agricultural Resource Management*  
Bureau of Agrichemical Management  
Phone: (608) 224-4548  
Email: [datcppesticideinfo@wi.gov](mailto:datcppesticideinfo@wi.gov)

## Individual Reciprocal Pesticide Applicator License Application Instructions

**If you are a resident of Wisconsin, you may not apply for reciprocity. You must certify in Wisconsin and apply for an individual commercial license instead.**

Follow the checklist below to ensure that a license can be issued after submitting an application.

### Required materials:

- Copy of your current state of residence issued pesticide certification card.
- Copy of your current state of residence issued photo ID.
- Individual Reciprocal Pesticide Applicator License Application form (refer to page 2).
- A Reciprocal Certification Verification form (refer to page 3).
- Applicable fees as calculated on the application form.

### Aerial Pesticide Applicators - Additional Required Materials:

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

### **READ THE STATEMENT BELOW BEFORE APPLYING**

By submitting an application, you are confirming that you have reviewed the DATCP's requirements for commercial reciprocal applicator licensure. **You will not be licensed unless all criteria are met.**

**Note: this checklist is not your application and does not need to be included with your application materials.** If you have any questions, reach out to us at [datcppesticideinfo@wi.gov](mailto:datcppesticideinfo@wi.gov) or (608) 224-4548.

### **LICENSE FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE**

**You may also apply online at:** [https://mydatcp.wi.gov/SiteMap/BrowseService/SG\\_9ceba1a3-9f1d-e811-8106-0050568c4f26?Key=Services\\_Group](https://mydatcp.wi.gov/SiteMap/BrowseService/SG_9ceba1a3-9f1d-e811-8106-0050568c4f26?Key=Services_Group).



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## Individual Reciprocal Pesticide Applicator License Application

Personally identifiable information you provide may be used for purposes other than that for which it was collected. (s. 15.04 (1) (m), Wis. Stats.).  
 Completion of this form is required to obtain an Individual Reciprocal Pesticide Applicator's License (ss. 15.04(1)(m) and 94.704(2), Wis. Stats.).  
 Section 94.704, Wis. Stats., and Sections ATCP 29.25 and 29.26, Wis. Admin. Code

Online licensing available: [https://datcp.wi.gov/Pages/Licenses\\_Permits/Reciprocal.aspx](https://datcp.wi.gov/Pages/Licenses_Permits/Reciprocal.aspx)

APPLICANT INFORMATION				
LEGAL NAME:				
STREET ADDRESS:		CITY:	STATE:	ZIP CODE:
COUNTY:				
MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS):				
PHONE NUMBER:		EMAIL:		
CHECK ONE:	<input type="checkbox"/> Reciprocal – For Hire	<input type="checkbox"/> Reciprocal – Not for Hire	<input type="checkbox"/> Reciprocal – Government	<input type="checkbox"/> Reciprocal - Educational
EMPLOYER INFORMATION (Includes sole proprietors)				
LEGAL BUSINESS NAME:				
MAILING ADDRESS:				
CITY:			STATE:	ZIP CODE:
Pesticide Application Business License Number: # _____ <i>For hire reciprocal applicators only</i>			BUSINESS TELEPHONE:	
<input type="checkbox"/> Check here if you have also sent in an application for your first Pesticide Business License.				
FEES				
License Fee + ACCP Surcharge + Certification Fee (Variable based on ACCP fund balance on May 1 of each year)				<b>\$120.00</b>
Late Fee: If you held a license the previous year AND you are paying after December 31				<b>\$8.00</b>
<b>TOTAL</b>				<b>\$</b>
<i>Note: Employees of governmental or educational institutions only pay the \$75.00 certification fee.</i>				
<b>Applicant's Social Security Number:</b> Your Social Security Number (SSN) 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 an SSN, you must complete the form found at the following link and submit it to DATCP: <a href="https://dcf.wisconsin.gov/files/forms/pdf/2462.pdf">https://dcf.wisconsin.gov/files/forms/pdf/2462.pdf</a> (s. 93.135 (1m), Wis. Stats.).				
SIGNATURE				
<b>Affirmation:</b> I hereby certify that the information submitted is complete and accurate.				
CERTIFIED PESTICIDE APPLICATOR SIGNATURE:				DATE:

Make a copy of this application to serve as a receipt for your records.

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

**MAIL this form and check payable to "DATCP" to:** DATCP, PO Box 93598, Milwaukee, WI 53293-3598



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## INDIVIDUAL RECIPROCAL CERTIFICATION VERIFICATION

Personally identifiable information you provide may be used for purposes other than that for which it was collected. (s. 15.04 (1) (m), Wis. Stats.).  
 Completion of this form is required to obtain an Individual Commercial Reciprocal Certification (ss. 15.04(1)(m) and 94.705(4), Wis. Stats.).

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

**PLEASE PRINT**

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

APPLICATOR NAME:		APPLICATOR IS A RESIDENT OF THE STATE OF:	
ADDRESS:	CITY:	STATE:	ZIP CODE:

**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:**

_____ SIGNATURE	_____ PRINT NAME	_____ DATE
_____ TITLE	_____ AGENCY	_____ PHONE NUMBER

Make a copy of this application to serve as a receipt for your records.

