

Ryan F. Quarles
Commissioner



Corporate Drive
Complex
Frankfort, KY 40601
(502) 573-0282

Kentucky Department of Agriculture

Reciprocity Form

Name: _____ SSN: _____ - _____ - _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Phone: (____) _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____ Phone: (____) _____

VERIFYING STATE USE ONLY

License or Certification #: _____ State: _____ Expiration Date: _____

Was license or certification issued based on reciprocity? No ____ Yes ____

Has license or certification been suspended or revoked? No ____ Yes ____

Pending enforcement action? No ____ Yes ____

If yes, explain: _____

Category of Certification

Category Description

Verified by: _____ (title) _____

Signature _____ Date: _____

State Agency: _____

