

Ryan F. Quarles  
Commissioner



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

# Kentucky Department of Agriculture

## Reciprocity Form

Name: \_\_\_\_\_ Applicator ID: \_\_\_\_\_

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: \_\_\_\_\_

