



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: _____

