



The Wyoming Department of Agriculture is dedicated to the promotion and enhancement of Wyoming's agriculture, natural resources and quality of life.

RECIPROCAL COMMERCIAL PESTICIDE APPLICATOR APPLICATION PACKET

Thank you for your interest in a reciprocal Wyoming Pesticide Applicator License. Please note the following required steps to obtain your license. All items will need to be submitted to our office (**complete packet** must be received for each applicator if you are sending information for multiple applicators):

- _____ A) Letter of Good Standing from the state licensing authority stating the status of your current license. We will only accept letters of good standing from a state you tested in so the letter must state in which categories you have tested. You can have the certifying authority submit the letter directly to us (agrtshelpdesk@wyo.gov) or you can include it in your submission.
- _____ B) Wyoming applicator license application; if you are renewing your reciprocal license, please put your license number in the space provided. And please circle NEW or RECERTIFICATION on the first line.
- _____ C) Power of Attorney Form completed and notarized.
- _____ D) Certificate of Liability Insurance from the policy that covers you during the performance of your duties (this could be a company policy). You must include a copy of this document for each applicant if submitting more than one.
- _____ E) A legible copy of the front AND back (if applicable) of your current applicator license issued by the same certifying authority as the Letter of Good Standing came from.
- _____ F) Check or money order in amount of twenty-five (\$25) made payable to Wyoming Department of Agriculture.

Please note: You must return the original paperwork; no emails, copies, or faxes will be accepted. **All supporting materials including license copies must be on full 8½ x 11 (letter) sheets of paper. Your license paperwork will be reviewed and approved or denied. You will be notified either way.**

The following states are approved for reciprocity: **Alabama, Arizona, Colorado, Delaware, Florida, Georgia, Idaho, Louisiana, Maryland, Minnesota, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, South Dakota, Utah, Vermont, and Wisconsin.**

The following states are **NOT** approved for reciprocity: **Alaska, Arkansas, California, Hawaii, Illinois, Indiana, Iowa, Kansas, Massachusetts, Michigan, Mississippi, Missouri, Nevada, New Hampshire, New Jersey, New York, North Carolina, Ohio, Oregon, Rhode Island, South Carolina, Tennessee, Texas, Washington, and West Virginia.**

The following states **MAY OR MAY NOT** be approved for reciprocity: **Connecticut, Kentucky, Maine, Pennsylvania, Virginia.** (These states will need to be contacted prior to approval of license reciprocation.)

Additional Information:

- * The expiration date of your reciprocal Wyoming license will match the expiration date of your domicile state license. No notice of expiration will be sent to you.
- * When your domicile license expires, all the above steps must be repeated in order to renew your license.
- * Please mail all paperwork including this letter, to the above address; ATTN: Pesticide Applicator Licensing.

Sincerely,

VACANT
Program Coordinator
Technical Services Division
Phone: 307-777-3502
agrtshelpdesk@wyo.gov



Wyoming
DEPARTMENT OF Agriculture

2219 CAREY AVE | CHEYENNE, WY 82002 | PHONE: 307-777-3502 | FAX: 307-777-6593

OFFICE USE ONLY	
How Paid:	_____
Activation Date:	_____
Expiration Date:	_____
License Number:	_____

**PESTICIDE APPLICATOR LICENSING
RECIPROCAL COMMERCIAL APPLICATOR LICENSE**

PLEASE CHOOSE (CIRCLE ONE): NEW APPLICATION or RECERTIFICATION
CURRENT LICENSE NUMBER (IF RECERTIFICATION): _____

WHERE WOULD YOU LIKE YOUR LICENSE SENT? (CIRCLE ONE): LICENSE APPLICANT or ESTABLISHMENT

ARE YOU CLAIMING A GOVERNMENT EXEMPTION? (CIRCLE ONE): YES or NO
(IF YES, YOUR LICENSE WILL BE SENT TO THE GOVERNMENT AGENCY WHERE YOU WORK.)

LICENSE APPLICANT INFORMATION

NAME: _____
LAST FIRST MIDDLE INITIAL

MAILING ADDRESS: _____
STREET CITY STATE ZIP

PHYSICAL ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE: (____) ____ - _____ E-MAIL: _____ BIRTHDATE ____/____/____
(###) ### - #### MONTH DAY YEAR

ESTABLISHMENT INFORMATION (i.e., company, government agency, etc.)

NAME: _____
COMPANY NAME

MAILING ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE: (____) ____ - _____ E-MAIL: _____
(###) ### - ####

CONSENT STATEMENT

BY SIGNING THIS APPLICATION YOU VERIFY THAT YOU HAVE READ AND UNDERSTAND ALL APPLICABLE WYOMING STANDARDS AND REGULATIONS AND AGREE TO ABIDE BY THE LAWS AND REGULATIONS SET FORTH THEREIN. YOU ALSO UNDERSTAND THAT EACH SECTION OF THE LAWS AND REGULATIONS IS SEPARATELY AND COLLECTIVELY ENFORCEABLE.

SIGNATURE OF APPLICANT _____ DATE _____

WDA OFFICIAL _____ DATE _____

RECIPROCAL COMMERCIAL APPLICATOR LICENSES ARE VALID FOR THE CURRENT TERM OF THE LICENSE THAT WE RECIPROCATED FROM. WYOMING WILL ONLY RECIPROCATATE FROM THE STATE IN WHICH YOU RESIDE. (FOR EXAMPLE: IF YOUR LICENSE IN THE STATE YOU RESIDE EXPIRES ON DECEMBER 31, 2013 YOUR WYOMING LICENSE WILL EXPIRE ON DECEMBER 31, 2013 REGARDLESS OF ISSUE DATE.)

INCOMPLETE APPLICATIONS WILL BE MAILED BACK. PLEASE COMPLETE ALL APPLICABLE SECTIONS.

THERE IS A \$25 FEE ASSOCIATED WITH THIS LICENSE.

**WYOMING DEPARTMENT OF AGRICULTURE
TECHNICAL SERVICES LICENSING SYSTEM**

2219 Carey Avenue
Cheyenne, WY 82002-0100
307-777-7324

*Power of Attorney****

I, _____, hereby appoint the Wyoming Director of Agriculture as my attorney to receive services of any legal process issued against myself in the State of Wyoming as required by Section § 35-7-360 (d) of the Wyoming Environmental Pesticide Control Act of 1973.

I am a legal resident of:

City: _____ State: _____

Signature of Applicant: _____

Below this line is to be filled out by Notary ONLY.

STATE OF)
)§
COUNTY OF)

The foregoing instrument was acknowledged before me by

_____, on this date _____, _____
(applicator's name)

Witness my hand and official seal.

My commission expires: _____, _____.

(Signature) -- Notary Public

***Must be completed by ALL persons who are NOT Wyoming residents. This includes applicants for BOTH private and commercial pesticide applicators.