



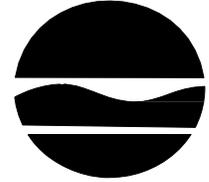
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RECIPROCIITY APPLICATION FOR PESTICIDE APPLICATOR CERTIFICATION

1. I currently hold or have held pesticide certification in New York State: <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please provide certification ID#: _____	
2. Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been cited with a violation of the ECL relating to Pesticides? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Last Name _____ First Name _____ M.I. _____	
4. Date of Birth _____	
5. Social Security #: _____	8a. Daytime Phone #: (_____) _____
6. Email: _____	8b. Home Phone #: (_____) _____
7. Fax Number: _____	8c. Other Phone #: (_____) _____
9. Home Address: Street _____ City _____ State _____ Zip _____ - _____ County _____ Mailing Address (if different): Street _____ PO Box _____ City _____ State _____ Zip _____ - _____	
10. Employer Name _____ Business Registration #: _____ Telephone #: (_____) _____ Address _____ State _____ Zip Code _____	
11. <u>NYS Department of Motor Vehicles 9-digit identification number:</u> _____ - _____ - _____ - _____ - _____ - _____ - _____	
12. Type of Certification: <input type="checkbox"/> New Certification <input type="checkbox"/> Additional Category (proof of reciprocal certification and residency must be attached)	
<input type="checkbox"/> 12a. <u>Commercial Pesticide Applicator</u> State: _____ I.D. #: _____ Categories: _____	<input type="checkbox"/> 12b. <u>Private Pesticide Applicator</u> State: _____ I.D. #: _____ Categories: _____ Primary Applicator Name: _____
13. <u>Commercial Category</u> (See instructions for complete description): Agriculture - <input type="checkbox"/> 1A <input type="checkbox"/> 1B <input type="checkbox"/> 1C <input type="checkbox"/> 1D Forest - <input type="checkbox"/> 2 Ornamental and Turf - <input type="checkbox"/> 3A <input type="checkbox"/> 3B <input type="checkbox"/> 3C Seed Treatment - <input type="checkbox"/> 4 Aquatic - <input type="checkbox"/> 5A <input type="checkbox"/> 5B <input type="checkbox"/> 5C <input type="checkbox"/> 5D <input type="checkbox"/> 5E Rights-of-way - <input type="checkbox"/> 6A <input type="checkbox"/> 6B Structural - <input type="checkbox"/> 7A <input type="checkbox"/> 7B <input type="checkbox"/> 7C <input type="checkbox"/> 7D <input type="checkbox"/> 7F <input type="checkbox"/> 7G Public Health - <input type="checkbox"/> 8 Regulatory - <input type="checkbox"/> 9 Demonstration - <input type="checkbox"/> 10 Aerial - <input type="checkbox"/> 11 Sales - <input type="checkbox"/> 12 <hr/> <u>Private Category</u> : Field and Forage - <input type="checkbox"/> 21 Fruit - <input type="checkbox"/> 22 Vegetable - <input type="checkbox"/> 23 Greenhouse and Florists - <input type="checkbox"/> 24 Nursery, Ornamentals & Turf - <input type="checkbox"/> 25 Agricultural Animal - <input type="checkbox"/> 31 Aquatic - <input type="checkbox"/> 41	
AFFIRMATION: I acknowledge that I must keep records, file annual reports, submit to inspections, apply pesticides and adhere to all New York State laws in Article 33 of the Environmental Conservation Law (ECL), and all rules and regulations in 6NYCRR part 325. I authorize DEC and DMV to produce an ID card bearing my DMV photo. I understand DMV will send this card to the address I maintain with DEC. I also understand that DEC and DMV will use my DMV photo to manufacture all my subsequent ID Cards for as long as I maintain my pesticide applicator certification. False statements made herein or on any attachments submitted by me, are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.	
Signature _____	Date _____

**New York State Department of Environmental Conservation
Division of Materials Management**

Bureau of Pest Management, 9th Floor
625 Broadway, Albany, New York 12233-7254
Phone: (518) 402-8748 • **FAX:** (518) 402-9024
Website: www.dec.ny.gov



Information for Out-of-State Pesticide Applicators Seeking Reciprocity

In order for you to obtain initial New York State pesticide applicator certification under state reciprocal agreements, you **must return all of the following items to this office:**

1. Application for Commercial and Private Pesticide Applicator.
 - a. Complete the application form.
 - b. Check the New York State categories or subcategories for which you are applying for reciprocity in Section 13 (See the attached “Required Reciprocal State Categories” chart for corresponding NYS categories).
 - c. Sign and date the bottom of the application.
 - d. Make a copy of the application for your records.
2. One copy of your current certification identification from your home state. New Jersey and Ohio applicants must also include a copy of their pesticide applicator card showing they were certified for at least part of the prior year.
3. Proof of residency in that state (a legible copy of your valid driver's license is acceptable).
4. For Commercial Pesticide Applicators, to obtain an ID card (valid for three years), submit a check or money order payable to the **Commissioner, NYSDEC**, as follows:
 - a. A **Four hundred fifty Dollar** (\$450) fee is required for the first category or subcategory of certification.
 - b. An additional fee of **One hundred fifty Dollars** (\$150) is required for each additional category or subcategory.
5. For Private Pesticide Applicators, submit a check or money order for \$25 payable to the **Commissioner, NYSDEC**, to obtain an ID card (valid for five years.)
6. Complete, sign and return the Certified Pesticide Applicator/Technician Application for Photo ID Card. If you do not have a **New York State** 9-digit DMV ID number, you will need to visit a New State York DMV office to have your picture taken. Please see the enclosed “Request for Photo Image” document for instructions.

If you successfully obtain your initial New York State certification by reciprocity, any recertification of your New York State pesticide applicator certification must be in accordance with applicable New York State laws, rules and regulations. State reciprocal agreements apply only to initial New York certification. **Recertification credits must be earned at New York State DEC approved training courses. These are listed at <http://pmep.cce.cornell.edu/calendar/> on the Cornell University website.**

If you intend to operate a pest control business in New York State, you must complete an Application for Registering a Pesticide Business. A copy of that form is enclosed, along with instructions for completing the form. A check or money order in the amount of **Nine Hundred Dollars** (\$900) for the three year registration, payable to Commissioner, NYSDEC, must be enclosed with the completed Business Registration form. Please submit separate checks for certification fee and business registration fee.

A copy of our rules and regulations (6NYCRR Part 325) regarding the application of pesticides is enclosed for your information. If you have any questions, please contact the Pesticide Reporting & Certification Section staff.