

CERTIFICATION and/or LICENSING VIA RECIPROCIITY

A certificate and/or license may be issued on a reciprocal basis to non-residents of West Virginia who have demonstrated competency to apply pesticides in their state of residency. The following conditions must be met to qualify for certification based on reciprocity.

Reciprocity is a **one-time** method for a **nonresident** of West Virginia to obtain **INITIAL** certification in West Virginia. Certification is based on the applicant taking the certification exams in their current state of residency. To become certified based on reciprocity, a copy of a current certificate from the applicant's current state of residency and a copy of a driver's license or photo identification must be submitted.

1. YOU MUST CURRENTLY RESIDE IN THE RECIPROCAL STATE. (West Virginia residents cannot apply for reciprocity. West Virginia reciprocates with Virginia, Pennsylvania and Maryland.)
2. Applicants must have at least one year of FULL TIME PRACTICAL EXPERIENCE in the category of pest control in which certification is being sought. In lieu of experience requirement, a degree or academic certificate in a biological field of study (i.e. biology, agronomy, horticulture, etc.), other education applicable to the area of certification, or a combination of education and experience may be acceptable to the Department.
3. Applications must be completely filled out or they will be returned to the applicant.
4. NOTICE: Each applicant must complete Section III and IV as appropriate with the reciprocal certification application. Section III must be verified by current or former employers who supervised the applicant's pest control activities. An applicant may not sign his or her own experience form. If the applicant is applying for certification based solely on education, a transcript of College or University credits should be submitted instead of the experience form.
5. A copy of a current certificate must be included with the application as well as the phone number of the state lead agency responsible for certification and training.
6. A copy of the applicant's drivers license or photo identification from the state of residency must be included with the application.
7. If a certificate has been cancelled or suspended by the issuing state, the applicant cannot apply for reciprocity.
8. APPLICANTS MUST BE FAMILIAR WITH AND ABIDE BY ALL PERTINENT PESTICIDE LAWS AND REGULATIONS, INCLUDING WEST VIRGINIA'S RECERTIFICATION REQUIREMENTS.
9. Please call the West Virginia Department of Agriculture, Pesticide Regulatory Programs at 304 558-2209 for further information or assistance with completing the application. When completed, mail application and fee (check or money order made payable to West Virginia Department of Agriculture) to WEST VIRGINIA DEPARTMENT OF AGRICULTURE, PESTICIDE REGULATORY PROGRAMS, 1900 KANAWHA BLVD., EAST, CHARLESTON, WV 25305-0190



WEST VIRGINIA DEPARTMENT OF AGRICULTURE
Pesticide Regulatory Programs, Licensing Section
 1900 Kanawha Blvd., East
 Charleston, WV 25305-0190

For Office Use Only	
Batch Number	147-_____
License Number	_____
Reciprocal State	_____

Application for INITIAL CERTIFICATION as a Pesticide Applicator - RECIPROCAL

1.	Name (Please print)	Social Security #:		
2.	Mailing Address for license:			
	City:	State:	Zip Code:	County:
	Home Phone:	Cell:	E-mail address:	
3.	Name of Company Employed by:	* Company LPAB or RPAB#:		
4.	Company address:			
	City:	State:	Zip Code:	
5.	Company phone number:	Fax number:		
In compliance with the Code of West Virginia, Chapter 19, Article 16A, I hereby apply for the above license in the category(ies) checked below.				
Signature _____ Date _____				
6.	Check one: _____ Commercial Applicator _____ Certified Public Applicator (government employee)			
	<input type="checkbox"/> 1 Agricultural Plant Pest Control <input type="checkbox"/> 2 Agricultural Animal Pest Control <input type="checkbox"/> 3 Forest Pest Control <input type="checkbox"/> 4A Ornamental & Turf Outdoors <input type="checkbox"/> 4B Ornamental Pest Control Indoors <input type="checkbox"/> 5 Seed Treatment <input type="checkbox"/> 6 Aquatic Pest Control <input type="checkbox"/> 7 Right-of-Way/Industrial Weed <input type="checkbox"/> 8A General Pest Control <input type="checkbox"/> 8B Structural Pest Control <input type="checkbox"/> 8C Fumigation <input type="checkbox"/> 8D Wood Treatment <input type="checkbox"/> 8E Urban Integrated Pest Management	<input type="checkbox"/> 9 Public Health <input type="checkbox"/> 10 Regulatory <input type="checkbox"/> 11 Demonstration & Research <input type="checkbox"/> 12 Pesticide Storage & Distribution <input type="checkbox"/> 13A Predator Control <input type="checkbox"/> 13B Sewer Root Control <input type="checkbox"/> 13C Hardwood Tree Release <input type="checkbox"/> 13D Mosquito Control <input type="checkbox"/> 13E Black Fly Control <input type="checkbox"/> 14 Aerial		

FEE: An annual fee of \$10.00 is required for each Commercial Applicator's License issued. No fee is required for the Certified Public Applicator License.

THE LICENSES EXPIRE ON DECEMBER 31ST OF EACH CALENDAR YEAR. If the license is NOT renewed by the first day of April of any year, the licensee shall be required to take another certification examination.

***Licensed Pesticide Application Business
 Regulated Pesticide Application Business**

Revised April 2009

III. Experience Record:

Your pesticide application experience must be verified by current or former employers. Describe work related to pest control in detail (i.e. pests controlled, pesticide used, etc.) Indicate if employment was part time.

Current Employer _____ Phone Number _____

Employer's signature _____

Address of Employer _____

Dates of Employment : From _____ To _____

Position Held _____

Pesticide Application Duties _____

(Attach additional sheets if more than one employer is needed to verify 1 year's experience.)

IV. Education

If applicant is applying for certification on the basis of University or College training, a transcript of credits must accompany application. We will accept photocopies of your transcript.

V. Certification and/or Registration Status:

Have you ever held a Pesticide Applicator's Certificate or License in West Virginia?

Yes () No () If yes, explain below.

Certificate/License No.	Expiration Date	Category(ies)
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