



Official use only	ID#	
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RECIPROCITY APPLICATION FOR PESTICIDE APPLICATOR CERTIFICATION

1. Have you ever have held pesticide certification in New York State? Yes No If 'Yes' please provide certification ID#: _____	
2. Last Name: _____ First Name: _____ M.I.: _____	
3. Have you ever been cited with a violation of the ECL relating to pesticides? Yes No	
4. Date of Birth: _____	7a. Business #: (_____) _____
5. Email: _____	7b. Home Phone #: (_____) _____
6. Fax Number: _____	7c. Cell Phone #: (_____) _____
8. Home Address: Street _____ City _____ State _____ Zip _____ - _____ County _____ Mailing Address (if different from home address): Street _____ PO Box _____ City _____ State _____ Zip _____ - _____	
9. Employer Name _____ Business Registration #: _____ Telephone #: _____ Address _____ State _____ Zip Code _____	
10. <u>NYS Department of Motor Vehicles 9-digit identification number:</u> _____	
11. Type of Certification: New Certification <input type="checkbox"/> Additional Category (PROOF OF RECIPROCAL CERTIFICATION AND RESIDENCY MUST BE ATTACHED)	
11a. <u>Home State Pesticide Applicator Certification</u> (Private Applicators Only) State: _____ I.D. # _____ Primary Applicator Name: _____ Categories: _____ Primary Applicator NYSDEC ID _____ To determine which NY certification category(ies) you are eligible to apply for see the following chart: https://on.ny.gov/4bgIUpX	
12. <u>NYS Commercial Category you are applying for:</u> Agriculture - 1A 1B 1C 1D Forest - 2 Ornamental and Turf - 3A 3B 3C Seed Treatment - 4 Aquatic - 5A 5B 5C 5D 5E Rights-of-way - 6A 6B Structural - 7A 7B 7C 7D 7F Public Health - 8 Regulatory - 9 Demonstration - 10 Aerial - 11 Sales - 12	
13. <u>NYS Private Category you are applying for:</u> Field and Forage - 21 Fruit - 22 Vegetable - 23 Greenhouse and Florists - 24 Nursery, Ornamentals & Turf - 25 Agricultural Animal - 31 Aquatic - 41	
AFFIRMATION: I acknowledge that I must keep records, file annual reports, submit to inspections, and apply pesticides in adherence 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: _____	

Instructions for Out-of-State Pesticide Applicators Seeking Reciprocity

To obtain initial New York State pesticide applicator certification under state reciprocal agreements, **you must return the following items to our office:**

1. Completed and signed Reciprocity Application for Pesticide Applicator Certification.
2. Proof of residency in your home state (a legible copy of your valid driver's license is acceptable).
3. One copy of your current certification identification card from your home state.
 - a. **New Jersey, Ohio and Indiana applicants** must show they were certified for at least part of the prior year.
 - b. **Pennsylvania applicants** must also submit proof of 2 years of full-time experience as a certified applicator within the last 5 years. Submit either of the following acceptable proofs of experience:
 - i. A letter detailing your experience. The letter must be written by a supervising applicator, branch manager, business owner, etc. attesting to your experience while working for the company and/or working under their supervision. The letter must:
 - include dates or date range you were supervised by the applicator or worked for the company making applications,
 - include a brief description of your job duties and types of applications made (the experience detailed in the letter needs to be equivalent to the category in which you are seeking NYS certification),
 - be on company letterhead,
 - be signed before a notary public by yourself and the supervising applicator, branch manager, business owner, etc. (include title or role for that individual)
 - ii. Copies of daily use records or annual reports that document 2 years of full-time experience within the last 5 years.
4. If you do not have a New York State 9-digit DMV ID number, you need to visit a New York State DMV office to have your picture taken. Please see the "Request for Photo Image" document for details at: <https://on.ny.gov/4bbXmzH>

When your application has been determined to be complete, an invoice will be sent to you with payment instructions. **Do not submit payment with your application.**

New York State pesticide certification fees are as follows:

- Commercial Pesticide Applicators: \$450 for first category of certification and an additional \$150 for each additional category, valid for 3 years of certification.
- Private Pesticide Applicators: \$25, valid for 5 years of certification.
 - Second or subsequent private applicator on the same farm: \$5, valid for 5 years (provide name and certification number of primary applicator)

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 <https://extapps.dec.ny.gov/nyspad/> on the DEC website.

If you intend to operate a pest control business in New York State, you must complete an Application for Registering a Pesticide Business. The application can be found on the Business/Agency Information page at <https://on.ny.gov/3WxNr35> on the DEC website.

If you have any questions, please contact the Pesticide Reporting and Certification Section staff at (518) 402-8748.