



# Reciprocity Request and Verification

The following individual is requesting to qualify for a pest control license in the state of Illinois based upon reciprocal certification through another state. **Individuals may qualify for licensure in the state of Illinois through reciprocal certification if they have successfully completed a close book examination(s) within the previous three years in the individual's state of residency.**

**Please complete the top portion of this document and then submit it to the state/tribal agency in your state of residency.**

Applicant Name:	I am a resident of the state of:	Social Security #:
Company:	License Type (circle): Commercial    Non-commercial    Dealer    Private	
Company Address:		
City, State Zip:	Company Phone #:	Applicant Phone #:
Company Email Address:	Applicant Email Address(optional):	

***THE FOLLOWING INFORMATION MUST BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE STATE/TRIBAL AGENCY IN YOUR STATE OF RESIDENCY.***

Did the individual take your state exam(s)?                      YES                       NO   
 Has the individual's certification or license been suspended, revoked, canceled, denied or is any action in progress?  
    YES                       NO

If yes, please explain: \_\_\_\_\_

**License categories and most recent examination date(s):**

Code	Category	Exam Date	Code	Category	Exam Date
100	General Standards		110	Seed Treatment	
101	Aerial General Standards		111	Aquatic	
102	Field Crop		112	Right-of-Way	
103	Vegetable Crop		113	Soil Fumigation	
104	Fruit Crop		114	Mosquito	
105	Grain Facility		115	Demonstration & Research	
106	Livestock		116	Plant Management	
107	Forest		117	Regulatory	
108	Ornamental		118	Dealer	
109	Turf		119	Sewer Root Line	
Other			----	Private Applicator	

Agency Name, Address, Phone #:	Signature of Agency Representative:	
	Date:	Title:

Please submit the completed form to: (217) 524-4882 (fax) **or**  
[AGR.Pesticide@illinois.gov](mailto:AGR.Pesticide@illinois.gov) **or**  
 Illinois Department of Agriculture – Bureau of Environmental Programs  
 P. O. Box 19281  
 Springfield, IL 62794-9281

**Questions: (217)785-2427 (voice) - or - (866)287-2999 (TDD)**

This agency is requesting the disclosure of information that is necessary to accomplish the statutory purposes as outlined under 415 ILCS 60/1 et seq. Failure to provide this information shall prevent this form from being processed.