

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 lincensure 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.

•	d a close book examination(s) wit	-				•	te of reside	ency.
Applicant Name:							Security #:	
Company:				cense Type (circle): Commercial Non-commercial Dealer Private				
Compa	ny Address:							
City, State Zip:			Company Phone #:			Applicant Phone #:		
Company Email Address:			Applicant Email Address(optional):					
REPR Did the in	FOLLOWING INFORMA ESENTATIVE OF THE Individual take your state exam(s Individual's certification or license	STATE/TRIBA	AL AGE	NCY IN	I YOUR S	TATE	OF RES	
	ase explain:	YES		NO 🔲			p 9	
	categories and most recent		` ′		0.1		l -	
Code	Category	Exam Date	Code	0 17	Category		Exar	m Date
100	General Standards		110		reatment			
101	Aerial General Standards		111	Aquatio				
102	Field Crop		112	Right-o				
103	Vegetable Crop		113		migation			
104	Fruit Crop		114	Mosqui				
105	Grain Facility		115	Demonstration & Research				
106	Livestock		116	1	anagement			
107	Forest		117	Regula	tory			
108	Ornamental		118	Dealer				
109	Turf		119		Root Line			
Other				Private	Applicator			
Agency Name, Address, Phone #:			Signature of Agency Representative:					
			Date:	e: Title):	
lease s	ubmit the completed form to: At	(217) 524-4882 (fax GR.Pesticide@illino	•					
	Illi	nois Department of	Agricultui	re – Bure	au of Enviro	nmental	Programs	

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

P. O. Box 19281

Springfield, IL 62794-9281