



# Georgia Department of Agriculture

Pesticide Division, Room 410 – 19 M.L.K. Jr. Dr., • Atlanta, GA 30334  
(404)-656-4958 Fax: (404)-657-8378

**Gary W. Black**  
Commissioner

# IMPORTANT!

Please read carefully

The information below is for those wishing to acquire a commercial pesticide applicator reciprocal license in the State of Georgia.

**“Commercial Applicator”** is any individual use in or supervising the use of a restricted use pesticide and cannot be defined as a private applicator or is an individual that uses or supervise the use of any pesticide contractor as an employee of that contractor.

**“Pesticide Contractor”** is any individual or company that engages in the business of applying any pesticide to the lands of another and receives monetary compensation for those applications.

**“Private Applicator”** is any individual that uses or supervises the use of a restricted use pesticide in the production of any agricultural commodity on their own property or property leased by them. No fee for private applicators.

***Applicants must:***

1. File appropriate application for “commercial” applicator license and submit a \$90.00 fee made payable to the Georgia Department of Agriculture. Current copy of certification or license from the reciprocating State must accompany application.
2. File required affidavit attesting that he is aware of the provisions of the Georgia Pesticide Use and Application Act.
3. Show proof of having met requirements FAA, if request is for aerial certification.
4. Obtain Pesticide Contractor’s License, if applicable.

Please note! Our reciprocal agreement with other states does allow for the renewal of your Georgia license based on your satisfying the other state’s re-certification requirements. However, it is your responsibility to notify us in writing within 90 days of expiration of your license if these requirements have been met. No license will be renewed after the expiration date if you fail to notify us.

**Reciprocal States**

Mississippi  
Louisiana  
Alabama  
South Carolina  
North Carolina  
Florida  
Tennessee

Contact us at (404)656-4958 to find out if other states are eligible

**STATE OF GEORGIA**  
**Department of Agriculture**  
**Capitol Square**  
**Atlanta, Georgia 30334**

**Statement of Applicant for Reciprocal Certification for Pesticide Applicator's License**

For the purpose of securing a license and certification for pesticide application in Georgia based upon a reciprocal agreement between the State of Georgia and \_\_\_\_\_,

I, \_\_\_\_\_, do hereby certify that I am currently certified in the State  
**Please print**

of \_\_\_\_\_, that I have read the Georgia Pesticide Use and Application Act, that I am aware of its provisions and that I will comply with its requirements. Furthermore, I acknowledge that violation of the above law will be grounds for cancellation of my license and certification.

Signature of Applicant \_\_\_\_\_  
**(Must be Notarized)**

Date \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Pursuant to the requirements of the Georgia Department of Agriculture, Registration, License and Permit Act, I do hereby appoint the Secretary of State of the State of Georgia to receive the service of legal process in my behalf.

Signature of Applicant \_\_\_\_\_  
**(Must be Notarized)**

Date \_\_\_\_\_

\_\_\_\_\_  
Notary Public

# Georgia Department of Agriculture

19 Martin Luther King Jr. SW., Pesticide Division, Room 410 • Atlanta, GA 30334-4201

## APPLICATION FOR A COMMERCIAL PESTICIDE APPLICATOR'S LICENSE

Date of Application ____-____-____ <small>MONTH DAY YEAR</small>	Social Security Number ____-____-____	Date of Birth ____-____-____ <small>MONTH DAY YEAR</small>	Home Telephone Number (____)-____-____
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Name \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

### EDUCATIONAL BACKGROUND

Check the box indicating the highest level of education you have completed:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 1. Grade 1 – 8  | <input type="checkbox"/> 3. College 1 – 2 | <input type="checkbox"/> 5. Post Graduate        |
| <input type="checkbox"/> 2. Grade 8 – 12 | <input type="checkbox"/> 4. College 3 – 4 | <input type="checkbox"/> 6. Voc-Technical School |

#### CHECK ONE

- (11) THIS IS MY FIRST APPLICATION FOR GEORGIA "RESTRICTED USE" PESTICIDE CERTIFICATION.
- (12) I AM REQUESTING A RECIPROCAL LICENSE. I AM CERTIFIED TO USE "RESTRICTED USE" PESTICIDES COMMERCIALY IN THE STATE OF \_\_\_\_\_ MY LICENSE WAS ISSUED \_\_\_\_\_ MY LICENSE WILL EXPIRE \_\_\_\_\_

I HAVE PREVIOUS APPLICATION ON FILE WITH THE GEORGIA DEPARTMENT OF AGRICULTURE. THIS APPLICATION IS BEING FILED FOR THE FOLLOWING REASON(S).

- ADDING CATEGORIES
- RETESTING

#### PRESENT EMPLOYER

NAME OF BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER (\_\_\_\_)-\_\_\_\_\_

DO YOU ACTUALLY APPLY OR SUPERVISE THE APPLICATION OF PESTICIDES IN YOUR PRESENT JOB?  YES  NO

#### (AERIAL APPLICATORS ONLY)

1. F.A.A. COMMERCIAL LICENSE NO. \_\_\_\_\_
2. HAVE YOU ENTERED A GUILTY PLEA OR BEEN FOUND GUILTY AFTER JANUARY 1, 1984 OF ANY VIOLATION OF THE GEORGIA CONTROLLED SUBSTANCE ACT, WHICH VIOLATION INVOLVED THE USE OF AN AIRCRAFT?  YES  NO

### OPERATIONAL CATEGORIES

(Check only the categories in which you wish to be certified)

- |   |   |
|---|---|
| <input type="checkbox"/> (21) AGRICULTURAL PEST CONTROL             | <input type="checkbox"/> (32) REGULATORY PEST CONTROL   |
| <input type="checkbox"/> (22) ANIMAL PEST CONTROL                   | <input type="checkbox"/> (33) DEMONSTRATION AND RESEARCH  |
| <input type="checkbox"/> (23) FOREST PEST CONTROL                   | <input type="checkbox"/> (34) AERIAL EQUIPMENT AUTHORIZATION  |
| <input type="checkbox"/> (24) ORNAMENTAL AND TURF PEST CONTROL      | <input type="checkbox"/> (35) INDUSTRIAL, INSTITUTIONAL, STRUCTURAL AND HEALTH RELATED PEST CONTROL |
| <input type="checkbox"/> (24A) INTERIORSCAPE                        | <input type="checkbox"/> (36) WOOD TREATMENT  |
| <input type="checkbox"/> (24B) INDOOR AND OUTDOOR                   | <input type="checkbox"/> (37) ANTI-MICROBIAL APPLICATION  |
| <input type="checkbox"/> (25) SEED TREATMENT                        | <input type="checkbox"/> (38) COMMODITY FUMIGATION  |
| <input type="checkbox"/> (26) AQUATIC PEST CONTROL                  | <input type="checkbox"/> (40) WORKER PROTECTION STANDARDS   |
| <input type="checkbox"/> (27) RIGHT OF WAY PEST CONTROL             | <input type="checkbox"/> (41) MOSQUITO CONTROL  |
| <input type="checkbox"/> (31) PUBLIC HEALTH PEST CONTROL-(Gov Only) |   |

I certify that the above information is correct: \_\_\_\_\_  
↑ **Signature** ↑

1) \_\_\_\_\_  
 Commercial Applicator License No.

**OFFICE USE ONLY**

Rev. 7/2012

Date Paid: \_\_\_\_\_

Check #: \_\_\_\_\_

By: \_\_\_\_\_