

Revised 07/2022

## Application for Reciprocal Commercial or Non-Commercial Certified Pesticide Applicator License

(Please refer to instructions on back. You are required to submit all fees and information as specified. Please print clearly.)

Last		First	Middle Initial	
ver's License #/State (required)_	Date of Birt	th Social	Social Security # (required)	
siness Name		Business Phone N	Number_()	
siness Address PO Box and/or Street	Name	Email Address (r	required)	
City	/////	Zip Code	_/County	
Mailing Address (if different fro	above)Cell Phone PO Box and/or Street Name		_Cell Phone	
	PO Box and/or Street Name		I	
City	///////	Zip Code	/County	
I am seeking certification in the	following SC Categories (check all t	that apply):		
1. Agricultural	○ 5. Aquatic	○ 8. Public Health	12. Miscellaneous	
<ul><li>○ a. Plant</li><li>○ b. Animal</li></ul>	○ 6. Right-of-Way	○ 9. Regulatory	<ul> <li>a. Wood Preservation</li> <li>b. Anti-Fouling Paint</li> <li>c. Small Animal Pest Control</li> <li>d. Sewer Line Pest Control</li> <li>e. Glyphosate Limited</li> <li>Herbicide Only</li> </ul>	
<ul> <li>c. Stored Grain</li> <li>d. Soil</li> <li>Fumigation</li> </ul>	<ol> <li>Industrial, Institutional, Structural, &amp; Health</li> </ol>	10. Demonstration & Research		
<ul> <li>○ 2. Forest</li> </ul>	<ul><li>○ a. General</li><li>○ b. Fumigation</li></ul>	🔿 11. Aerial		
<ul> <li>3. Ornamental &amp; Turf</li> <li>4. Seed Treatment</li> </ul>				
	plicators in 7A must have or be asso eady have a Business License, pleas For additional information, please	se provide your Business License	e number here B	

Agency Name:\_

FOR COMMERCIAL APPLICATORS: You may be certified in any or all categories for \$50.00. Each initial application must be accompanied by a completed Evidence of Financial Responsibility (EFR) form, Affidavit, and Copy of your applicator license from the state in which you are reciprocating from.

Signature of Applicant:

## **INSTRUCTIONS**

Item (1) Fill in all information requested. Failure to do so may result in delays in completing your request. Social Security and Driver's License numbers are required by all persons obtaining a license under statutes SC 20-7-949 and 42 USC 666

(a)(13). This information will be used for enforcement of court-ordered child and family support purposes and for agency record-keeping.

(2) This address is where your license will be mailed.

(3) Check only the category or categories for which you have passed the required exams.

(4) This applies to Non-Commercial Applicators only.

(5) Enclose your check or money order made payable to Clemson University Department of Pesticide Regulation or pay online. Do not send cash.

Don't forget to SIGN the application. Mail your application and payment to

**Clemson University Department of Pesticide Regulation** 

511 Westinghouse Road

Pendleton, SC 29670

**ATTN: Reciprocal Licensing** 

## Each individual applying for a new commercial applicator license must pay the initial \$50 Commercial licensing fee.

A separate application must be submitted for each applicator along with a completed Evidence of Financial Responsibility (EFR), Affidavit, and Copy of their current applicators license from the state in which they are reciprocating from. Failure to return all required documents and fees will greatly delay the licensing process or be rejected.

Please mail all applications and required paperwork along with the appropriate fees in one envelope to the address shown above or email all required paperwork to dprca@clemson.edu and pay online at http://www.clemson.edu/dpr/PayAppFees