

CERTIFICATION IN ADDITIONAL CATEGORIES via RECIPROCITY

Additional categories, or subcategories of pest control can be added to a certificate on a reciprocal basis for non-residents of Maryland who have demonstrated competency to apply pesticides in their state of residency. The following conditions must be met in order to qualify for certification based on reciprocity.

1. ***YOU MUST BE 18 YEARS OF AGE, CURRENTLY CERTIFIED IN YOUR STATE OF RESIDENCY*** and have taken the certification exams in your current state of residency. (Maryland residents cannot apply for reciprocity.)
2. Applicants must have at least one year of FULL TIME PRACTICAL EXPERIENCE in the category, or categories, of pest control in which certification is being sought. In lieu of the experience requirement, a degree or academic certificate in a biological field of study (i.e., biology, agronomy, horticulture, etc.) or a combination of education and experience may be acceptable to the Department.
3. ***APPLICATIONS MUST BE COMPLETELY FILLED OUT OR THEY WILL BE RETURNED TO THE APPLICANT.***
4. References must be given who can verify your experience in the field of pest control for which you are applying.
5. ***NOTICE: Each applicant must include a "Verification Of Pesticide Application Experience" form(s) (Attached) with the certification application. A total of twelve months of experience must be verified by the applicator's current or former certified applicator who supervised the applicant's pest control, or consulting, activities. For example, if the applicant worked for one company for three months, and nine months for another, two verification forms must be submitted. If the applicant has worked for one company for 12 months, only one form must be submitted. AN APPLICANT MAY NOT SIGN HIS OR HER OWN EXPERIENCE FORM.***

Education - If basing application off of education, a transcript of college or university credits must be submitted instead of the Experience form, unless copies of transcripts have been previously submitted. Copies of transcripts obtained from the internet will not be accepted.

6. A copy of a current certificate reflecting the categories in which certification is being sought must be included with the application as well as the phone number of the state lead agency responsible for certification and licensing.
7. A copy of the applicant's driver's license from the state of residency must be included with the application.
8. If a certificate has been cancelled or suspended by the issuing state, the applicant cannot apply for reciprocity.
9. A letter will be mailed verifying approval of your application and appropriate fees. ***DO NOT SUBMIT PAYMENT OF FEES UNTIL NOTIFICATION OF APPLICATION APPROVAL HAS BEEN RECEIVED.***
10. APPLICANTS MUST BE FAMILIAR WITH AND ABIDE BY ALL PERTINENT PESTICIDE LAWS AND REGULATIONS, INCLUDING MARYLAND'S RECERTIFICATION REQUIREMENTS. ***Each certified applicator must attend recertification training each year between July 1 and June 30. Documentation of recertification training must be provided to the Maryland Department of Agriculture.***
11. Applications will be kept on file for one year. If an applicant has not paid the fees for certification within twelve months of the applications approval, the application will be discarded.
12. Please call the Maryland Department of Agriculture, Pesticide Regulation Section at (410)841-5710 for further information or assistance with completing the application.



MARYLAND DEPARTMENT OF AGRICULTURE
 OFFICE OF PLANT INDUSTRIES AND PEST MANAGEMENT
 PESTICIDE REGULATION SECTION

50 Harry S. Truman Parkway
 Annapolis, Maryland 21401
 Telephone: 410/841-5710
 FAX: 410/841-2765

RECIPROCITY

APPLICATION FOR CERTIFICATION IN
ADDITIONAL CATEGORIES AS A
 PESTICIDE APPLICATOR UNDER THE
 MARYLAND PESTICIDE APPLICATOR'S
 LAW

(Please type or print name)

I _____
 hereby apply for certification as a Pesticide
 Applicator in accordance with the provisions
 of the Agriculture Article, Section 5-201 through
 5-211, Annotated Code of Maryland. I submit the
 following as evidence of my qualifications:

1. Home Address and Personal Information:

Street _____ City _____

State _____ Zip Code _____ County _____

Social Security Number _____ Telephone No. _____ Email Address _____

2. Current Business Information:

Business/Agency Name _____ Md. Pest. Bus./Agency No. _____ Md. Certificate No. _____

Street _____ City _____ State _____ Zip _____

State _____ Zip Code _____ County _____ Telephone No. _____

NOTE: YOU MUST HAVE A MINIMUM OF ONE YEAR PRACTICAL EXPERIENCE AS A REGISTERED EMPLOYEE
 IN EACH CATEGORY OR SUB-CATEGORY OF PEST CONTROL FOR WHICH YOU ARE SEEKING
 CERTIFICATION. IF YOU DO NOT HAVE THIS EXPERIENCE AND ARE APPLYING FOR ADDITIONAL
 CERTIFICATION ON THE BASIS OF EDUCATION, A TRANSCRIPT OF CREDITS MUST BE SUBMITTED.

FOR DEPARTMENTAL USE	
Date Appl. Received	_____
Date Fees Received	_____
Date Appl. Approved	_____
Fee For:	
License	_____ Certificate _____
Extra Category	_____
Check No.	_____
Acct. No.	_____ Ref. No. _____
Lic. No.	_____
Cert. No.	_____ Control No. _____
Categories	_____
Classification	_____
Date Mailed	_____

3. List the **additional** category(ies) or sub-category(ies) in which you wish to be certified:
NOTE: Do not list the category(ies) or sub-category(ies) in which you are currently certified.

4. Are you requesting reciprocity? () Yes () No

If yes, submit a copy of your certificate from your state of residency.

5. Is your application based on experience _____ or education _____?

If you checked experience, answer the following questions:

A. Where did you obtain this experience?

Business/Agency Name _____ Address _____ Telephone No. _____

B. When did you obtain this experience? From _____ (Month/Year) To _____ (Month/Year)

C. What certified applicator(s) did you train under for this experience?

Name _____ Address _____ Telephone No. _____

6. List an additional reference who can verify this experience.

Name _____ Address _____ Telephone No. _____

I certify that the above information is true and accurate to the best of my knowledge.

Signature of Applicant _____ **Title** _____ **Date** _____

DO NOT SEND FEES WITH THIS APPLICATION. THE CERTIFICATION FEE IS \$25 FOR EACH ADDITIONAL MAIN CATEGORY. THERE IS NO CHARGE FOR CERTIFICATION IN ADDITIONAL SUBCATEGORIES.

FOR DEPARTMENTAL USE ONLY		
SPECIAL INSTRUCTIONS	CATEGORY(IES)	
	STUDY MATERIAL	
QUALIFICATIONS VERIFIED BY:		
	REGS. MAILED	EXAM NOTICE



MARYLAND DEPARTMENT OF AGRICULTURE
OFFICE OF PLANT INDUSTRIES AND PEST MANAGEMENT
PESTICIDE REGULATION SECTION
50 HARRY S. TRUMAN PARKWAY
ANNAPOLIS, MD 21401
410-841-5710
FAX 410-841-2765

VERIFICATION OF PESTICIDE APPLICATION / PEST CONTROL EXPERIENCE

I certify that _____ is/was employed
Name of Applicant

by _____ as a
Name of Business/Agency

pesticide applicator from _____ to _____ and qualifies for **INITIAL** certification in the following category(ies) of pest control:

CHECK ONLY THE CATEGORIES or SUB-CATEGORIES OF ELIGIBILITY

- | | |
|---|--|
| <input type="checkbox"/> 1. A - Agricultural - Plant | <input type="checkbox"/> 7. B - Wood Destroying Insects |
| <input type="checkbox"/> 1. B - Agricultural - Animal | <input type="checkbox"/> 7. C - Wildlife Control |
| <input type="checkbox"/> 1. C - Grain Treatment | <input type="checkbox"/> 7. D - Rodent Control |
| <input type="checkbox"/> 2. - Forest | <input type="checkbox"/> 7. E - Fumigation |
| <input type="checkbox"/> 3. A - Ornamental Plant - Exterior | <input type="checkbox"/> 8. - Public Health |
| <input type="checkbox"/> 3. B - Ornamental Plant - Interior | <input type="checkbox"/> 9. - Regulatory |
| <input type="checkbox"/> 3. C - Turf | <input type="checkbox"/> 10. - Demonstration and Research |
| <input type="checkbox"/> 4. - Seed Treatment | <input type="checkbox"/> 11. A - Wood Treatment |
| <input type="checkbox"/> 5. - Aquatic | <input type="checkbox"/> 11. B - Tributyltin Antifoulant Paint (TBT) |
| <input type="checkbox"/> 6. - Right of Way and Weed | <input type="checkbox"/> 11. C - Sewer Root Control |
| <input type="checkbox"/> 7. A - General Pest Control | <input type="checkbox"/> 13. - Aerial |

(See other side for explanation of pest control categories)

This form must be signed by the person verifying the applicant's experience. **THE APPLICANT MAY NOT SIGN HIS OR HER OWN EXPERIENCE FORM.**

Print Name _____

Signature _____

Certificate No. _____

Company/Agency Name _____

Telephone No. _____

Falsification of this information could lead to regulatory action.

PEST CONTROL CATEGORIES

The following is a listing of Maryland's categories and subcategories of Pest Control, with examples of application sites covered by the category. A more detailed definition of the categories can be found in the Regulations Pertaining To The Pesticide Applicators Law, under section 15.05.01.08 of COMAR.

1 - Agricultural

A - Plant (e.g., field crops, small grains, forage, fruit and vegetables and noncrop agricultural lands)

B - Animal (e.g., livestock, horses, poultry and areas where they confined or housed)

C - Grain Treatment (e.g., pest control on, in or around stored grain to prevent insect and rodent damage, including the use of fumigants)

2 - Forest (e.g., site preparation, release work, insect control and reforestation projects)

3 - Ornamental & Turf

A - Ornamental Plant - Exterior (e.g., insect, disease, control on plants in the landscape, and weed control in plant beds and around ornamental plantings)

B - Ornamental Plant - Interior (e.g., insect or disease control on plants in interior landscapes)

C - Turf (e.g., weed, insect or disease control to lawns)

4 - Seed Treatment (e.g., seed protectants)

5 - Aquatic (e.g., weed and fish control in water, includes tidal and wetland areas)

6 - Right-Of-Way and Weed (e.g., treatment of roadsides, utilities, railroads, noncroplands, fence lines, structural perimeters, or similar areas)

7 - Industrial, Institutional, Structural & Health Related

A - General Pest Control (e.g., cockroaches, fleas, crickets, and other household pests found within or adjacent to a structure)

B - Wood Destroying Insects (e.g., termites and other wood destroying insects)

C - Wildlife Control - (e.g., pest control involving birds, mammals, reptiles and other wildlife, **Note:** not required if strictly performing trapping and removal, must have Maryland Department of Natural Resources cooperators permit)

D - Rodent Control - (e.g., rodents found in and around a structure)

E - Fumigation (e.g., fumigation of commodities and structures)

8 - Public Health - (e.g., pest control involving mosquitos)

9 - Regulatory (**NOTE:** Only issued to employees of a public agency responsible for enforcement of government mandated programs e.g., noxious weeds, gypsy moth)

10 - Demonstration & Research (e.g., demonstration of pesticide use or application, experimental plots, etc.)

11 - Miscellaneous (Unique or specialty areas of pest control not applicable to other categories)

A - Wood Treatment (e.g. treatment of telephone poles, building or construction materials)

B - Tributyltin Antifoulant Paint (TBT) - (e.g. use of marine antifoulant paints containing tributyltin)

C - Sewer Root Control (e.g., treatment of tree roots in sewer lines)

12 - Consultant - (e.g., performing pest identification, providing technical advice on pest control or making pesticide recommendations. **Note:** Certification in this category is based on experience, or education, and passing the certification examinations in those categories of pest control that consulting services will be offered. Not required if certified as a Pesticide Applicator or Public Agency Applicator.)

13 - Aerial - (e.g., pest control performed by fixed-wing or rotary aircraft to any crop or land)