

# Oregon Reciprocal Certification / License Eligibility Verification



**Oregon**  
Department  
of Agriculture

**Mail to:**  
Oregon Department of Agriculture  
Pesticide Program  
635 Capitol St. NE  
Salem, OR 97301

**Fax to:**  
503-986-5378

## Applicator information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Current applicator license number: \_\_\_\_\_

Applicator's physical home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

## This section to be completed by licensing agency from the state of issuance

State of issuance: \_\_\_\_\_

Type of license: \_\_\_\_\_ License expiration date: \_\_\_\_\_

### How was license / certification obtained?

Closed book exam:    **Y**    **N**    Open book exam:    **Y**    **N**    Workshop:    **Y**    **N**    Reciprocal where obtained:    **Y**    **N**

Was a Core exam (laws and regulations) taken?    **Y**    **N**

If not, is Core information included in the category exam?    **Y**    **N**

Category	Category description	Test date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If more space is needed, attach sheet

Did the applicator take all license exams in your state?      **Y**      **N**

If no, which state did the applicator test? \_\_\_\_\_

Was the passing score at least 70% or higher?      **Y**      **N**

Initial (original) date of certification? \_\_\_\_\_

Has this applicator's license or certification been suspended, revoked, canceled, denied or is any such action pending?      **Y**      **N**

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

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**Information completed by:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_