



RECIPROCITY FORM FOR THE STATE OF TENNESSEE

*Tennessee Department of Agriculture, Ag Inputs & Pesticides, Porter Building,
PO Box 40627, Nashville, TN 37204 Phone (615) 837-5148 Fax (615) 837-5012*

Reciprocity applicants must complete this form and attach a copy of the front and back of their card. You will be notified by the reciprocity state if a fee is required.

Applicators Name _____
SS Number or TDA assigned ID Number

Home Address with city, state, and zip code

Employer Name

Work Address with city, state, and zip code

Home phone number _____
Work phone number _____
FAX number

Certification # _____ **Certification Expiration Date** _____

<u>Category of Certification or License</u>	<u>Category Description</u>
_____	_____
_____	_____
_____	_____

DO NOT WRITE BELOW – FOR VERIFYING STATE USE ONLY

Was license or certification issued based on reciprocity? No ___ Yes ___ Which State _____
Has license or certification been suspended or revoked? No ___ Yes ___ (if yes, explain)

Pending Enforcement Action? No ___ Yes ___ (if yes, explain)

Additional Information/Comments

Information verified by:

Signature _____
Date

Print Name _____
Title

Agency Address & phone