



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

Social Security Number

Home Address with city, state, and zip code

Work Address with employer name, city, state, and zip code

Home phone number

Work phone number

FAX number

Certification # _____

Certification Expiration Date _____

License # _____

License Expiration Date _____

Was license or certification issued based on reciprocity? No ___ **Yes** ___ **Which State** _____

Category of Certification or License

Category Description

Has license or certification been suspended or revoked? No ___ **Yes** ___ (if yes, explain)

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

Additional Information/Comments

DO NOT WRITE BELOW

Information verified by:

Signature

Date

Print Name

Title

Agency Address & phone _____