

# Out-of-State License and Enforcement History form



OREGON  
DEPARTMENT OF  
AGRICULTURE

Pesticides Program  
503.986.4635

This form is required for individuals seeking to obtain an Oregon pesticide license based upon their pesticide license(s) from another state.

To be considered:

1. you must possess a current pesticide license, and
2. you must have passed exams from the state in which you are licensed.

More information about reciprocal licensing is available on the Oregon Department of Agriculture (ODA) website at <https://oda.direct/ReciprocalLicensing>.

## Instructions for Oregon Reciprocal License Applicants:

- Complete Section 1. Required fields are indicated with an asterisk (\*).
- Send the partially completed form to the state pesticide regulatory agency that issued your pesticide license. We ask that the state pesticide regulatory agency submit the completed form to the ODA Pesticides Program. For your convenience, some common contacts are provided below:
  - » Idaho Department of Agriculture: [pesticidelicensing@isda.idaho.gov](mailto:pesticidelicensing@isda.idaho.gov)
  - » Washington State Department of Agriculture: [license@agr.wa.gov](mailto:license@agr.wa.gov)
- If you have any questions, please contact the ODA Pesticides Program at [pesticide-expert@oda.oregon.gov](mailto:pesticide-expert@oda.oregon.gov) or 503.986.4635.

## Section 1. Oregon Reciprocal License Applicant Information

Legal Name	Last:*			
	First:*		Middle Initial:	
Date of Birth (MM/DD/YY):*				
Home Address (Physical Only)*	Street Address:*			
	City, State, ZIP Code:*			
Personal Phone:*		Direct Email:		
License Number:*		State of Issuance:*		

**Section below to be completed by a state pesticide regulatory agency**

**Section 2. License and Certification History**

License Type:		Expiration Date:	
License Categories (if any):			
Date Last Recertified:		Cerification Expiration Date:	
Reciprocal license:	Is this license (or any categories) based upon licensing or exams from another state? <input type="checkbox"/> No <input type="checkbox"/> Yes		

**Section 3. Exam History**

Which of your state agency's exams did this individual pass to qualify for their license?

Exam Name(s)	Pass Date(s)	Exam Name(s)	Pass Date(s)

**Section 4. Enforcement History**

Has this individual's license(s) or certification(s) been suspended, revoked, canceled, or denied, or is any such action pending?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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**Section 5. Additional Information for Aerial Applicators**

*If this individual is an aerial applicator, please complete this section. Otherwise, skip to section 6.*

Were all exams that this individual passed "closed-book" (i.e., study materials were not available during the exam)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Did this individual pass all exams with a score of at least 70%?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Did this individual pass any core/category hybrid exams (i.e., no stand-alone core exam required)? If yes, please list each hybrid exam. _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does your aerial category (or equivalent) function as a stand-alone category (i.e., not used in conjunction with other license categories to permit applications to certain locations, for specific pest types, etc.)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has this individual been licensed in your state to apply pesticides via aircraft for a total time-period of at least five years (excluding any gaps in licensing)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

## Section 6. Pesticide Regulatory Agency Completing This Form

Please provide your information and sign below. Submit the completed form to [pesticide-expert@oda.oregon.gov](mailto:pesticide-expert@oda.oregon.gov). Thank you!

Regulatory Agency:			
Staff Name:		Title:	
Phone:		Email:	
Signature:		Date:	