



# Georgia Department of Agriculture

Ag Inputs-Pesticide Program -19 M.L.K. Jr. Dr., Room 410• Atlanta, GA 30334  
(404)-656-4958 Fax (404)-657-8378

**Gary Black**  
Commissioner

[www.agr.georgia.gov](http://www.agr.georgia.gov)

## IMPORTANT!

Please read carefully

Georgia Department of Agriculture is now required by O.C.G.A. § 50-36-1 to verify citizenship for public benefits issued. Effective July 1, 2013, all new and renewal licenses are required to complete a notarized affidavit and provide one form of acceptable identification. See [www.agr.georgia.gov/licensing.aspx](http://www.agr.georgia.gov/licensing.aspx) for details.

The information below is for those wishing to acquire a commercial pesticide applicator reciprocal license in the State of Georgia.

“**Commercial Applicator**” is any individual use in or supervising the use of a restricted use pesticide and cannot be defined as a private applicator or is an individual that uses or supervise the use of any pesticide contractor as an employee of that contractor.

“**Pesticide Contractor**” is any individual or company that engages in the business of applying any pesticide to the lands of another and receives monetary compensation for those applications. There is no fee for Private Applicator.

“**Private Applicator**” is any individual that uses or supervises the use of a restricted use pesticide in the production of any agricultural commodity on their own property or property leased by them. No fee for private applicators.

### **Applicants must:**

1. File appropriate application for “commercial” applicator license and submit a \$90.00 fee made payable to the Georgia Department of Agriculture. Current copy of certification or license from the reciprocating State must accompany application.
2. File required affidavit attesting that he is aware of the provisions of the Georgia Pesticide Use and Application Act and includes appointment of Attorney-in-Fact for applicants residing outside of Georgia.
3. Show proof of having met requirements FAA, if request is for aerial certification.
4. Obtain Pesticide Contractor’s License, if applicable.
5. **New!! Requirement:** Provide the required affidavit and a copy of Identification(s) to verify citizenship.

Please note! Our reciprocal agreement with other states does allow for the renewal of your Georgia license based on your satisfying the other state’s re-certification requirements. However, it is your responsibility to notify us in writing within 90 days of expiration of your license if these requirements have been met. No license will be renewed after the expiration date if you fail to notify us.

**The Georgia Department of Agriculture Pesticide Program reciprocates commercial pesticide licenses with any state with an EPA approved pesticide program, upon the condition that the license category concurs with the State of Georgia.**

***(SEE THE FOLLOWING LIST OF COMPATIBLE CATEGORIES & DESCRIPTIONS)***

## **CATEGORIES AND SUBCATEGORIES FOR COMMERCIAL PESTICIDE APPLICATORS**

### **(21) Agricultural Plant Pest Control**

This category includes commercial applicators using or supervising the use of restricted use pesticides or State restricted pesticide uses in production of agricultural crops, including, without limiting the foregoing, tobacco, peanuts, cotton, feed grains, soybeans, and forage, vegetables, small fruits, tree fruits and nuts, as well as on grasslands and non-crop agricultural lands.

### **(22) Agricultural Animal Pest Control**

This category includes commercial applicators using or supervising the use of restricted use pesticides, or State restricted pesticide uses, on animals, including, without limiting the foregoing, beef cattle, dairy cattle, swine, sheep, horses, goats, poultry and livestock, and to places on or in which animals are confined; and also includes Doctors of Veterinary Medicine engaged in the business of applying pesticides for hire, publicly holding themselves out as pesticide applicators, or engaged in large-scale use of pesticides.

### **(23) Forest Pest Control**

This category includes commercial applicators using or supervising the use of restricted use pesticides, or State restricted pesticide uses, in forests, forest nurseries, and forest seed producing areas.

### **(24) Ornamental and Turf Pest Control**

This category includes commercial applicators using or supervising the use of restricted use pesticides, or State restricted pesticide uses, to control pests in the maintenance and production of ornamental trees, shrubs, flowers, and turf.

### **(25) Seed Treatment**

This category includes commercial applicators using or supervising the use of restricted use pesticides, or State restricted pesticide uses, on seeds.

### **(26) Aquatic Pest Control**

This category includes commercial applicators using or supervising the use of any restricted use pesticide, or State restricted pesticide uses, purposefully applied to standing or running water, excluding applicators engaged in public health related activities included in category (i) below.

### **(27) Right-of-Way Pest Control**

This category includes commercial applicators using or supervising the use of restricted use pesticides, or State restricted pesticide uses, in the maintenance of public roads, electric powerlines, pipelines, railway rights-of way or other similar areas.

### **(31) Public Health Pest Control –Government Employees**

This category includes State, Federal or other governmental employees using or supervising the use of restricted use pesticides, or State restricted pesticide uses, in public health programs for the management and control of pests having medical and public health importance.

### **(32) Regulatory Pest Control**

This category includes State, Federal or other governmental employees who use or supervise the use of restricted use pesticides, or State restricted pesticide uses, in the control of regulated pests.

### **(33) Demonstration and Research Pest Control**

This category includes:

1. Individuals who demonstrate to the public the proper use and techniques of application of restricted use pesticides, or State restricted pesticide uses, or supervise such demonstration, and includes such persons as extension specialists and county agents, commercial representatives demonstrating pesticide products, and those individuals demonstrating methods used in public programs.
2. Persons conducting field research with pesticides, and in doing so, use or supervise the use of restricted use pesticides; and also includes State, Federal, commercial and other persons conducting field research on or utilizing restricted use pesticides.
3. To be certified in Demonstration and Research would require prior certification in one or more of categories (a) through (j), above.

### **(34) Aerial Methods**

This category includes individuals who have been licensed by the FAA for Agricultural Aircraft Operations, and who are certified in one or more of categories (21) through (32), and (38).

### **(35) Industrial, Institutional, Structural and Health Related Pest Control**

This category includes commercial applicators using or supervising the use of restricted use pesticides, or State restricted pesticide uses, in, on, or around food handling establishments, human dwellings, institutions, such as schools and hospitals, industrial establishments, including warehouses and grain elevators, and any other structures and adjacent area, public or private; and for the protection of stored, processed, or manufactured products.

### **(36) Wood Treatment**

This category includes Commercial Applicators engaged in the business of pressure treating lumber and timber with preservatives classified as restricted use pesticides, to protect such products from attack by such pests as termites, powder post beetles, other wood destroying insects, as well as, surface molds and wood destroying fungi.

### **(37) Antimicrobial Pest Control**

This category includes Commercial Applicators who apply pesticides

(Disinfectants, Sanitizers, Algaecides, Fungicides, etc.) to control undesirable or harmful algae, bacterial, fungi and viruses in homes, institutions, medical facilities, industrial and other sites.

### **(38) Agricultural Commodity Fumigation**

This category includes Commercial Applicators applying or supervising the application of fumigants to control insect pests in raw or processed agricultural commodities.

#### **(40) Worker Protection Standard**

This subcategory is for those engaged in training workers and handlers as required by EPA's Worker Protection Standard

#### **(41) Commercial Mosquito Control**

This category includes employees using or supervising the use of pesticides to control mosquitoes and/or mosquito larvae on public and private grounds in Georgia.

##### **Private Applicators.**

This category includes any certified applicator who uses or supervises the use of any restricted use pesticide or State restricted pesticide use in the production of an agricultural or forestry commodity on property owned, rented or otherwise under the control of him or his employer or (if applied without compensation other than trading of personal services between producers of such commodities) on the property of another person.

**EXAMPLES ARE:** farmers, ranchers, vineyardists, plant propagators,

Christmas tree growers, aquaculturists, floraculturists, orchardists, foresters and other comparable persons.

**O.C.G.A. § 50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_  
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from  
\_\_\_\_\_ [*name of government entity*], the undersigned applicant  
verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:\_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:  
\_\_\_\_\_.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_(state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:

**GEORGIA DEPARTMENT OF AGRICULTURE**

Pesticide Program-Ag Input Section – 19 MLK Jr. Dr. Room 410-, Atlanta, GA 30334

**RECIPROCAL APPLICATION FOR A COMMERCIAL PESTICIDE APPLICATOR'S LICENSE**

<b>Date of Application</b> ____-____-____ MONTH DAY YEAR	<b>Date of Birth</b> ____-____-____ MONTH DAY YEAR	<b>Home Telephone Number</b> (____)-____-____	<b>Email Address</b> _____
--	--	--	-------------------------------

Name \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Check the box indicating the highest level of education you have completed:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 1. Grade 1 – 8  | <input type="checkbox"/> 3. College 1 – 2 | <input type="checkbox"/> 5. Post Graduate        |
| <input type="checkbox"/> 2. Grade 8 – 12 | <input type="checkbox"/> 4. College 3 – 4 | <input type="checkbox"/> 6. Voc-Technical School |

**THIS APPLICATION IS BEING FILED FOR THE FOLLOWING REASON(S).**

**CHECK ONE**

- (11) THIS IS MY FIRST APPLICATION FOR GEORGIA "RESTRICTED USE" PESTICIDE CERTIFICATION.
- (12) I AM REQUESTING A **RECIPROCAL LICENSE** I AM CERTIFIED TO USE "RESTRICTED USE PESTICIDES COMMERCIALY IN THE STATE OF \_\_\_\_\_

LICENSE# \_\_\_\_\_  
LICENSE CERTIFICATION DATE: \_\_\_\_\_  
LICENSE EXPIRATION DATE: \_\_\_\_\_

- (22) ADDING ADDITIONA CATEGORIES
- (23) RETEST

**PRESENT EMPLOYER**

NAME OF BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER (\_\_\_\_)-\_\_\_\_\_

DO YOU ACTUALLY APPLY OR SUPERVISE THE APPLICATION OF PESTICIDES IN YOUR PRESENT JOB?  YES  NO

**(AERIAL APPLICATORS ONLY)**

1. F.A.A. COMMERCIAL LICENSE NO. \_\_\_\_\_
2. HAVE YOU ENTERED A GUILTY PLEA OR BEEN FOUND GUILTY AFTER JANUARY 1, 1984 OF ANY VIOLATION OF THE GEORGIA CONTROLLED SUBSTANCE ACT, WHICH VIOLATION INVOLVED THE USE OF AN AIRCRAFT?  YES  NO

Please notify us if you have previously submitted an affidavit and one acceptable document for any other license or GATE card issued by the Georgia Department of Agriculture. This will allow us to search our databases and upload the required documentation for your new license and enable a better customer service experience. For assistance, call the Customer Service Center at 855-4-AG-LICENSE (855-424-5423).

**OPERATIONAL CATEGORIES** (Check only the categories that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> (10) PRIVATE PESTICIDE APPLICATOR           | <input type="checkbox"/> (32) REGULATORY PEST CONTROL   |
| <input type="checkbox"/> (21) AGRICULTURAL PEST CONTROL              | <input type="checkbox"/> (33) DEMONSTRATION AND RESEARCH  |
| <input type="checkbox"/> (22) ANIMAL PEST CONTROL                    | <input type="checkbox"/> (34) AERIAL EQUIPMENT AUTHORIZATION  |
| <input type="checkbox"/> (23) FOREST PEST CONTROL                    | <input type="checkbox"/> (35) INDUSTRIAL, INSTITUTIONAL, STRUCTURAL AND HEALTH RELATED PEST CONTROL |
| <input type="checkbox"/> (24) ORNAMENTAL AND TURF PEST CONTROL       | <input type="checkbox"/> (36) WOOD TREATMENT  |
| <input type="checkbox"/> (24A) INTERIORSCAPE                         | <input type="checkbox"/> (37) ANTI-MICROBIAL APPLICATION  |
| <input type="checkbox"/> (24B) INDOOR AND OUTDOOR                    | <input type="checkbox"/> (38) COMMODITY FUMIGATION  |
| <input type="checkbox"/> (25) SEED TREATMENT                         | <input type="checkbox"/> (40) WORKER PROTECTION STANDARDS   |
| <input type="checkbox"/> (26) AQUATIC PEST CONTROL                   | <input type="checkbox"/> (41) MOSQUITO CONTROL  |
| <input type="checkbox"/> (27) RIGHT OF WAY PEST CONTROL              |   |
| <input type="checkbox"/> (31) PUBLIC HEALTH PEST CONTROL-(Gov. Only) |   |

I certify that the above information is correct: \_\_\_\_\_  
↑ Signature ↑

1) \_\_\_\_\_  
Commercial Applicator License No.

2) \_\_\_\_\_  
Contractor Number

**OFFICE USE ONLY**

Revised 10/28/2014

Date Paid: \_\_\_\_\_

Check #: \_\_\_\_\_

By: \_\_\_\_\_