



License Review Request

| Washington License Information | | | | |
|---|------------------|--------------|---------------------------------------|---------|
| Name (as it appears on Washington license) | | | License Number | |
| Address | | | Email | |
| Section A: Reciprocal State License Holders | | | | |
| <p><u>Instructions</u></p> <ul style="list-style-type: none"> • Complete the information about your reciprocal state license. • Return this completed form to WSDA along with a copy of your current reciprocal state license. • Upon license verification, you will be mailed a renewal application for your Washington pesticide license. | | | | |
| Name (as it appears on license) | | | | |
| License Number | License Type | | Current Recertification Cycle Expires | |
| Section B: Credit Review | | | | |
| <p><u>Instructions:</u> Complete this section ONLY if all of the following apply:</p> <ul style="list-style-type: none"> • You have accessed your online credit report at agr.wa.gov/PestFert/LicensingEd/Search and courses you have attended are not displayed; • The course(s) not reported were WSDA approved; <p>AND</p> <ul style="list-style-type: none"> • You signed the official WSDA course roster at the course(s) not reported. | | | | |
| Date(s) | Course ID Number | Course Title | Site /City | Credits |
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Mail completed form to:
Washington State Department of Agriculture
Pesticide Management Division
PO Box 42589
Olympia, WA 98504-2589