

RECIPROCITY FORM FOR THE STATE OF TENNESSEE

Tennessee Department of Agriculture, Division of Consumer & Industry Services P.O. 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. **Tennessee does NOT reciprocate licenses, only certification categories.**

Applicators Name		SS	SS Number or TDA assigned ID Number	
Home Address with city, s	state, and zip code			
Work Name & Address w	ith city, state, and	zip code		
Home phone number	Work phone nu	ımber	Fax number	
Certification #	State	Certif	fication Expiration Date	
Category of Certification			Category Description	
DO NOT WRITE	BELOW – FO	R VERI	IFYING STATE USE ONLY	
Was certification issued b Has certification been sus		•	Yes Which State Yes (if yes, explain)	
Pending Enforcement Act	ion? No Yes_	(if y	ves, explain)	
Additional Information/C	omments			
Information verified by:				
Signature			Date	
Print Name			Title	
Agency Address & nhone				