

Certification year 2009

Dear North Dakota Commercial Reciprocal Pesticide Certificate Holder:

According to our records, you are an out-of-state applicator/dealer that has been granted reciprocal certification from our state. In order to renew your reciprocal certification you must:

1. Complete and submit the enclosed Reciprocal Certification Request form.
2. Submit a photo-copy of the pesticide certificate/license from the state you tested and trained in. This must be a valid certificate/license expiring no earlier than December 31, 2008.
3. Submit a photo-copy of a government issued picture ID i.e. drivers license, passport, etc.
4. Provide proof of financial responsibility, if applicable. Refer to the enclosed Financial Responsibility Documentation.
5. Pay your North Dakota certification fee.

Be prepared to submit a letter of authorization to the state you trained and tested for certification, granting authority to the NDSU Extension Pesticide Program access to your complaint or violation history.

Attention Aerial Applicators: Your aircraft must be registered and licensed in the state of North Dakota. For further information, contact the N.D. Aeronautics Commission, 701-328-9650.

If you have further questions on:

- ***Pesticide Certification**, NDSU Extension Pesticide Program, 701-231-6388/701-231-6388
- ***N.D. Pesticide Laws/Regulations**, Pesticide Division N.D. Department of Ag., 701-328-4756
- ***Business Registration**, N.D. Secretary of State, 701-328-4284.
- ***N.D. Aeronautics Regulations**, N.D. Aeronautics Commission, 701-328-9650.

Sincerely,



Andrew Thostenson
Extension Pesticide Program Specialist

Check List Prior to Submitting Your Request

- Completed Request for Reciprocal Certification Form
- Photo-copy of pesticide certificate/license
- Proof of financial responsibility
- Photo-copy of picture ID
- Certification fee

Allow 2-3 weeks to process this request.

2009 - Reciprocal Certification Request - 2009

State of North Dakota

<u>Personal</u>	<u>Business Information</u>
Name:	Name:
Address:	Address:
Phone:	Phone:
Date of Birth:	Fax:
State of Residence:	Email:
Email:	North Dakota Pesticide Certificate ID:
Core Status: <input type="checkbox"/> Ground <input type="checkbox"/> Aerial	
Certification Status: <input type="checkbox"/> Applicator <input type="checkbox"/> Dealer <input type="checkbox"/> Consultant	
Do you work for a Government Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this Certification for Research and Demonstration purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Certification Categories:

- | | | |
|---|--|---|
| <input type="checkbox"/> AgPest | <input type="checkbox"/> Ornamental & Turf | <input type="checkbox"/> Seed Treatment |
| <input type="checkbox"/> Fumigation | <input type="checkbox"/> Public Health | <input type="checkbox"/> Vertebrate |
| <input type="checkbox"/> Greenhouse | <input type="checkbox"/> Right of Way | <input type="checkbox"/> Wood Preservatives |
| <input type="checkbox"/> Home, Industrial & Institutional | | |

Certification Fee:

Base fee	\$ 55.00
Number of categories <input type="checkbox"/> x \$10 =	\$ _____
Appointment of Agent (\$25 if applicable)	\$ _____
Total	\$ _____

Method of Payment: (Payment must be included)

Credit Card # _____ Expiration (mo/yr) ____/____
 Cardholder name (print) _____
 3 Digit Code _____ Billing Zip Code _____
 Check # _____ (Payable to NDSU Extension Pesticide Program)

Applicant Signature: _____ **Date:** _____

I attest that my certification has not been suspended or revoked in the past three years in any state or province.

NDSU Extension Pesticide Program, Dept. 7060, PO Box 6050, Fargo ND 58108-6050
Phone: 701-231-7180/701-231-6388 Fax: 701-231-5907 Web: <http://ndsupesticide.org>
Allow 2-3 weeks to process this request

Questions and Answers About North Dakota's Financial Responsibility Law

**Do I need to file proof of financial responsibility before I can obtain a pesticide certificate?
To help you answer this question, please consider the scenarios listed below.**

If you fit into category 1-8 below, please mark the circumstance that best applies to your situation, sign and date at the bottom.

- _____ 1. I am a consultant and will be making no pesticide applications.
- _____ 2. I am a dealer and make no commercial applications.
- _____ 3. I apply pesticides as an employee of a city, county, state or federal agency, municipal corporation, public utility, hospital, privately owned golf course, nursery, greenhouse or other governmental agency. **(Please circle which one)**
- _____ 4. I am a rancher who is required to obtain a commercial pesticide applicator certificate for controlling noxious weeds on leased federal land as a condition of a federal grasslands lease.
- _____ 5. I am a grazing association member required to obtain a commercial pesticide applicator certificate for controlling noxious weeds on leased federal land as a condition of a federal grasslands lease.
- _____ 6. I am required to be certified **only** in the right-of-way category.
- _____ 7. I am an applicator who holds a commercial pesticide certificate for controlling noxious weeds on grassland, land producing tame hay or other lands not devoted to the production of an annual crop.
- _____ 8. I am not currently applying/buying pesticides commercially. However, I wish to keep my examinations and training status up to date. Since I am inactive, I am choosing not to receive a certification card at this time. If I choose to become active in the future, I will update my Financial Responsibility form and receive a certification card at that time.

Print Name

Signature

Certification Number

_____/_____/_____
Date

Will you apply pesticides by contract or for hire and/or engage in the business of applying pesticides for compensation to the land of another by aerial, ground, hand or any other equipment?

If you answer yes to this question, you must provide proof of financial responsibility to obtain a certificate.

You can do this by **providing the information on the reverse side of this page.** The law states:

Financial responsibility must be maintained in the amount of one hundred thousand dollars, and may be demonstrated by a notarized letter from an officer of a financial institution or from a certified public accountant attesting to the existence of net assets equal to at least one hundred thousand dollars, a performance bond, or a general liability insurance policy.



North Dakota State University • Extension Pesticide Program
NDSU Dept 7060 • 205 Walster Hall • P.O. Box 6050 • Fargo, ND 58108-6050
Phone (701) 231-7180 • Fax (701) 231-5907
E-mail: NDSU.Pesticide@ndsu.edu • www.ndsupesticide.org

Financial Responsibility Form

Instructions: This form is valid **only** when completed by the commercial applicant.
This form must be submitted **before** the commercial pesticide certification can be issued.

North Dakota pesticide law (Chapter 4-35-09.1) requires that all commercial applicators submit proof of financial responsibility unless exempt from this law. *Financial responsibility must be maintained in the amount of one hundred thousand dollars, and may be demonstrated by a notarized letter from an officer of a financial institution or from a certified public accountant attesting to the existence of net assets equal to at least one hundred thousand dollars, a performance bond, or a general liability insurance policy. The performance bond or insurance policy must contain a provision requiring the issuing company to notify the agriculture commissioner at least ten days before the effective date of cancellation, termination, or other modification of the bond or insurance policy. If, at any time, a certified commercial applicator fails to maintain financial responsibility, his certification shall be automatically suspended.*

PLEASE PRINT

Applicant Name _____

Commercial Pesticide Certification ID Number (if applicable) _____

Applicant Address _____
street city state zip

Applicant Home Phone () _____ E-Mail _____

Employer Business Name _____

Employer Business Address _____
street city state zip

Employer Phone () _____ E-Mail _____

I am submitting my proof of financial responsibility in the form of (please select only one):

- A. ___ A notarized letter attached to this form. **(Please be advised, this letter must be renewed annually.)**
- B. ___ A performance bond attached to this form. **(Please be advised, the bond must be renewed upon expiration.)**
- C. ___ A general liability insurance policy attached to this form or the coverage information completed below. **(Please be advised, the policy must be renewed upon expiration.)**

• Insurance company name _____

• Insurance company address _____

• Insurance policy number _____ Coverage limits _____

• Policy period: from ____/____/____ to ____/____/____

Applicant's signature _____ Date ____/____/____