



*Extension Pesticide Program*

*Department of Plant Sciences  
P.O. Box 5051  
Fargo, ND 58105-5051*

Certification year 2008

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.
- \***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 A. Thostenson  
Extension Pesticide Program Specialist

AAT:mbo

**Return to:**

NDSU Extension Pesticide Program  
PO Box 5051 NDSU  
166 Loftsgard, Albrecht Blvd  
Fargo ND 58105-5051

Enc: Reciprocal Request Form, Financial Responsibility Form

**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.**

# 2008 - Reciprocal Certification Request - 2008

## State of North Dakota

Personal	Business Information
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 \_\_\_\_\_ x \$10 = \$ \_\_\_\_\_  
 Appointment of Agent (if applicable) \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_  
 =====

**Method of Payment:** (Payment must be included)

Credit Card (choose one)     Visa     MasterCard     Discover  
 Credit card # \_\_\_\_\_ Expiration (mo/yr) \_\_\_\_/\_\_\_\_  
 Cardholder name (print) \_\_\_\_\_  
 Check/Money Order # \_\_\_\_\_ (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.*