

Reciprocal Request for Pesticide Certification – Certification Year 2021

You have requested commercial reciprocal pesticide certification from North Dakota. *(Please note that we do not grant reciprocity to North Dakota residents.)* To grant your request, we require that you follow the instructions below:

1. Complete and submit the enclosed Reciprocal Certification Request form.
2. Submit a copy of the pesticide certificate/license you hold from the state where you tested and trained. This must be a valid certificate/license expiring no earlier than Dec. 31, 2021.
3. Submit a copy of a government-issued photo ID (driver's license, passport).
4. Complete the Applicant Acknowledgment of Proof of Financial Responsibility form (on back side of Reciprocal Certification Request form).
5. Pay your North Dakota certification fee.

All applicators requesting reciprocal certification must have a Non-Resident Appointment of Agent form on file with the NDSU Extension Pesticide Program. Enclosed is an informative letter. This form must be on file or we cannot issue you a reciprocal certification.

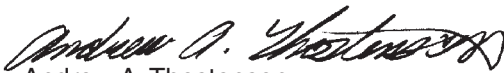
Be prepared to submit a letter of authorization granting authority to the NDSU Extension Pesticide Program to access your complaint or violation history from the state in which you tested and trained for certification.

Attention aerial applicators: Your aircraft must be registered and licensed in North Dakota. For further information, contact the North Dakota Aeronautics Commission, 701-328-9650.

For more information:

- Pesticide certification, NDSU Extension Pesticide Program, 701-231-6388/701-231-7180
- Appointment of agent, NDSU Extension Pesticide Program, 701-231-6388/701-231-7180
- North Dakota pesticide laws/regulations, Pesticide Division, North Dakota Department of Agriculture, 701-328-4756
- North Dakota business registration, North Dakota secretary of state, 701-328-2900
- North Dakota aeronautics regulations, North Dakota Aeronautics Commission, 701-328-9650

Sincerely,



Andrew A. Thostenson

Extension Pesticide Program Specialist

Enc: Reciprocal Request Form
Applicant Acknowledgment
of Proof of Financial
Responsibility Form
Appointment of Agent Letter and Form

Return the following originals.

Please note we are unable to accept faxed or emailed copies.

- ___ completed Request for Reciprocal Certification Form
- ___ copy of pesticide certificate/license
- ___ copy of photo ID
- ___ Applicant Acknowledgment of Proof of Financial Responsibility form
- ___ certification fee
- ___ Appointment of Agent form

EXTENSION PESTICIDE PROGRAM

NDSU Dept 7060 | PO Box 6050 | Fargo ND 58108-6050
701.231.7180 or 701.231.6388 | Fax 701.231.5907 | NDSU.Pesticide@ndsu.edu | www.ndsupesticide.org | www.ag.ndsu.edu/extension

2021 Reciprocal Certification Request

State of North Dakota

Personal Information	Business Information
Name	Name of Business
Address	Address
City, State, ZIP	City, State, ZIP
Phone	Phone
Date of Birth	Business Email
State of Residence	N.D. Pesticide Certification ID#
Personal Email	
Which address should we use for correspondence? <input type="checkbox"/> Personal <input type="checkbox"/> Employer	
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 (must choose at least one)

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

Certification Fees:

Base fee (Ground or Aerial) \$75

Number of categories _____ x \$25 = \$ _____

Nonresident Appointment of Agent \$25 – first time applying for N.D. reciprocity (one-time fee)

Total

Applicant Signature _____ Date ____/____/____

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

Method of Payment (payment must be included)

To pay by credit card, go to: <http://tinyurl.com/NDSUreciprocity>

Proof of payment confirmation order # _____ please attach copy of order receipt

Check # _____ (payable to NDSU Extension Pesticide Program)

12/2019

NDSU

EXTENSION
PESTICIDE

NDSU Extension Pesticide Program

NDSU Dept 7060 • PO Box 6050 • Fargo ND 58108-6050

Phone 701-231-7180 or 231-6388 • Fax 701-231-5907

<http://ndsupesticide.org>

County Commissions, North Dakota
State University and U.S Department
of Agriculture Cooperating.
NDSU is an equal EO/AA university.

**Faxed or emailed copies
will not be accepted.
Allow two to three weeks
to process this request.**

Applicant Acknowledgment of Proof of Financial Responsibility

NDCC 4.1-33-10 requires an applicant for a **commercial applicator certificate**, in the State of North Dakota, to provide proof of financial responsibility. NDCC 4.1-33-10 further requires that a commercial applicator must maintain financial responsibility in the amount of at least one hundred thousand dollars (\$100,000.00).

Financial responsibility 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 (\$100,000.00), a performance bond, or a general liability insurance policy.

I, the undersigned applicant, in lieu of providing proof of the above, attest and certify:

- (1) That I maintain financial responsibility in an amount of at least one hundred thousand dollars (\$100,000.00). More specifically, I possess net assets equal to at least one hundred thousand dollars, a performance bond, or a general liability insurance policy;
- (2) Agree, upon request by the North Dakota Agriculture Commissioner, to immediately provide further proof of compliance with NDCC 4.1-33-10 satisfactory to the Agriculture Commissioner; and,
- (3) Understand that civil and/or criminal sanctions may be imposed, if I fail to abide by the pesticide control laws and regulations of the State of North Dakota (NDCC 4.1-33-20).

Please check all that apply: Applicator Dealer Consultant
 I ONLY hold Ground Core and Right of Way
 I work for a city/state/government agency

Signature of Applicant

Date

Printed Name



EXTENSION PESTICIDE PROGRAM

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FOR OFFICE USE ONLY

ID #

Nonresident Appointment of Agent

NDSU Extension Pesticide Program
Filing and recording fee – \$25

NDSU Extension Pesticide Program
NDSU Dept 7060 | PO Box 6050
 Fargo ND 58108-6050
 Telephone 701-231-7180

North Dakota Century Code 4.1-33-09

Nonresident application – Designation of agent for service of process. Any nonresident applying for certification as an applicator or dealer under this chapter to operate in this state shall file a written power of attorney designating the North Dakota State University Extension Service or its designee as the agent of such nonresident upon whom service of process may be had in the event of any suit against said nonresident person, and the power of attorney must be so prepared and in such form as to render effective the jurisdiction of the courts of this state over the nonresident applicant provided, however, that any nonresident who has a duly appointed resident agent upon whom process may be served as provided by law is not required to designate the extension service as such agent. The extension service is allowed such fees therefore as provided by law for designating resident agents. The nonresident must be furnished with a copy of the designation of the extension service or of a resident agent. The copy will be duly certified by the North Dakota State University Extension Service.

PLEASE PRINT

1. Name of Applicant Applying for Appointment		Telephone #	
Complete Mailing Address	City	State	Zip Code

PLEASE PRINT

2. Business Name as Authorized to Transact Business in North Dakota		Telephone #	
Complete Mailing Address	City	State	Zip Code

The undersigned does hereby APPOINT THE NORTH DAKOTA STATE UNIVERSITY, EXTENSION PESTICIDE PROGRAM as the true and lawful agent upon whom may be served all lawful process in any action or proceeding against the undersigned, and does hereby agree that any legal process served on said agent shall be of the same legal force and effect or validity as if served by myself, the partnership, or the corporation.

Signature and Title of Applicant

State of _____

County of _____

Subscribed and Sworn before me, this _____ day of _____, 20_____.

(Notary Seal)

Notary Public

My Commission Expires _____

FOR OFFICE USE ONLY

Certification of the NDSU Extension Pesticide Program

I hereby certify that this instrument is a true and correct copy of non-resident appointment of agent filed in the office of the NDSU Extension Pesticide Program this _____ day of _____, 20_____.

Signature