Certification Year 2021

Dear North Dakota Reciprocal Pesticide Certificate Holder:

You are an out-of-state applicator/dealer who has been granted reciprocal certification from our state.

To renew your reciprocal certification, you must:

1. Complete and submit the enclosed Reciprocal Certification Request Form.

2. Submit a photocopy of a valid pesticide certificate/license from the state in which you tested. The certificate/license must have an expiration date of Dec. 31, 2021, or later.

3. Submit a photocopy of a government-issued picture ID (for example, driver's license, passport).


5. Pay your North Dakota certification fee.

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

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.

If you have further questions on the following, call the number listed:

- Pesticide certification – NDSU Extension Pesticide Program, 701-231-6388 or 701-231-7180
- North Dakota pesticide laws/regulations – Pesticide Division, North Dakota Department of Agriculture, 701-328-4922
- 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

Enclosed: Reciprocal Request Form
Applicant Acknowledgment of Proof of Financial Responsibility Form

Allow two to three weeks for this request to be processed.
# 2021 Reciprocal Certification Request

**State of North Dakota**

<table>
<thead>
<tr>
<th>Personal Information</th>
<th>Business Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Name of Business</td>
</tr>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>City, State, ZIP</td>
<td>City, State, ZIP</td>
</tr>
<tr>
<td>Phone</td>
<td>Phone</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Business Email</td>
</tr>
<tr>
<td>State of Residence</td>
<td>N.D. Pesticide Certification ID#</td>
</tr>
<tr>
<td>Personal Email</td>
<td></td>
</tr>
</tbody>
</table>

Which address should we use for correspondence?  
☐ Personal  ☐ Employer

Core status  ☐ Ground  ☐ Aerial

Certification status  ☐ Applicator  ☐ Dealer  ☐ Consultant

Do you work for a government agency?  
☐ Yes  ☐ No

Is this certification for research and demonstration purposes?  
☐ Yes  ☐ No

---

### Certification Categories (must choose at least one)

- ☐ AgPest  
- ☐ Fumigation  
- ☐ Greenhouse  
- ☐ Home, Industrial & Institutional  
- ☐ Ornamental & Turf  
- ☐ Public Health  
- ☐ Right of Way  
- ☐ Seed Treatment  
- ☐ Vertebrate  
- ☐ Wood Preservatives

### Certification Fees:

<table>
<thead>
<tr>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base fee (Ground or Aerial)</td>
<td>$75</td>
</tr>
<tr>
<td>Number of categories</td>
<td>$25</td>
</tr>
<tr>
<td>Total</td>
<td>$</td>
</tr>
</tbody>
</table>

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](http://tinyurl.com/NDSUreciprocity)

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

Check # ___________  (payable to NDSU Extension Pesticide Program)
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