Reciprocal Request for Pesticide Certification – Certification Year 2022

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, 2022.
3. Submit a copy of a government-issued photo ID (driver’s license, passport).
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
### 2022 Reciprocal Certification Request
State of North Dakota

<table>
<thead>
<tr>
<th>Personal Information</th>
<th>Business Information</th>
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<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>
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<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  
- [ ] Home, Industrial & Institutional  
- [ ] Right of Way  
- [ ] Vertebrate  
- [ ] Fumigation  
- [ ] Ornamental & Turf  
- [ ] Seed Treatment  
- [ ] Wood Preservatives  
- [ ] Greenhouse  
- [ ] 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: https://tinyurl.com/NDRECIPROCITY

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

Check # ___________ (payable to NDSU Extension Pesticide Program)

06/2022

NDSU Extension Pesticide Program  
NDSU Dept 7060 • PO Box 6050 • Fargo ND 58108-6050  
Phone 701-231-7180 or 231-6388  
http://ndsupesticide.org

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

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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
Dear Non-resident Pesticide Applicator/Dealer,

One of the requirements for obtaining certification as a pesticide applicator or dealer is that the applicant must file a written power of attorney with the North Dakota State University Extension Pesticide Program or a duly appointed resident agent for service of process.

According to Chapter 4.1-33-09 of the North Dakota Century Code, any nonresident applicant for a pesticide applicator or dealer's certification must file a power of attorney making such an agent designation before it can operate in the state of North Dakota. Once filed, the NDSU Extension Pesticide Program or the resident agent becomes the agent for the nonresident applicant in the event any lawsuit is filed against the applicant. The power of attorney must be prepared in such a form as to render effective the jurisdiction of North Dakota state courts over the nonresident applicant.

If you wish to designate the NDSU Extension Pesticide Program as the agent for service of process, complete the form on the reverse side of this page. Please note the the form must be signed before a notary public.

Send the form, along with a $25 filing fee, to the NDSU Extension Pesticide Program. If you have any questions regarding the appointment of agent, please contact the NDSU Extension Pesticide Program at 701-231-7180 or 701-231-6388.

Sincerely,

Andrew Thostenson
Extension Pesticide Program Specialist
# Nonresident Appointment of Agent

**NDSU Extension Pesticide Program**

Filing and recording fee – $25

**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.

<table>
<thead>
<tr>
<th>PLEASE PRINT</th>
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<tbody>
<tr>
<td>1. Name of Applicant Applying for Appointment</td>
</tr>
<tr>
<td>Complete Mailing Address</td>
</tr>
<tr>
<td>2. Business Name as Authorized to Transact Business in North Dakota</td>
</tr>
<tr>
<td>Complete Mailing Address</td>
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</tbody>
</table>

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 ___________

**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