

Commercial/Public/Dealer Pesticide Recertification Preregistration Form Training Preregistration

PERSONAL INFORMATION (please print)
Name
Address <small>P.O. box and street address</small>
City, State, Zip
Phone
Date of birth
E-mail

EMPLOYER/BUSINESS
Name
Address <small>P.O. box and street address</small>
City, State, Zip
Phone
Fax
E-mail

Correspondence from the Pesticide Office should go to which of the above addresses? personal employer

N.D. County of Residence _____ N.D. Commercial Pesticide ID _____

Do you work for a government agency? Yes No

Is this certification for research and demonstration purposes? Yes No

Check all that apply on each line: **Core Status** Ground Aerial – I have attended the mandatory PAASS Program

Certification Status Applicator Dealer Consultant

Training/Preregistration										
Study materials are provided at training.										
Write in date and site of training. Check Renew or Certify for classes offered.										
Date	Training Site	Classes								
		Ag Pest <input type="checkbox"/> Renew <input type="checkbox"/> Certify								
		Right-of-Way <input type="checkbox"/> Renew <input type="checkbox"/> Certify								
		Seed Treatment <input type="checkbox"/> Renew <input type="checkbox"/> Certify								
		Fumigation (Commodities and Structural) <input type="checkbox"/> Renew <input type="checkbox"/> Certify								
		Greenhouse <input type="checkbox"/> Renew <input type="checkbox"/> Certify								
		Ornamental and Turf <input type="checkbox"/> Renew <input type="checkbox"/> Certify								
		Home, Industrial and Institution <input type="checkbox"/> Renew <input type="checkbox"/> Certify								
		Public Health <input type="checkbox"/> Renew <input type="checkbox"/> Certify								
<table> <tr> <td>Total number of boxes checked _____ X \$25 =</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Commercial/Public/Dealer/certification cost <small>(one time charge per training season)</small></td> <td style="text-align: right;">+ \$75</td> </tr> <tr> <td>Late fee (if applicable)</td> <td style="text-align: right;">+ (\$25)</td> </tr> <tr> <td>Total (will be more than \$75)</td> <td style="text-align: right;">\$ _____</td> </tr> </table>			Total number of boxes checked _____ X \$25 =	\$ _____	Commercial/Public/Dealer/certification cost <small>(one time charge per training season)</small>	+ \$75	Late fee (if applicable)	+ (\$25)	Total (will be more than \$75)	\$ _____
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Late fee (if applicable)	+ (\$25)									
Total (will be more than \$75)	\$ _____									

Method of Payment (payment must be included)

Order online at:
<https://tinyurl.com/NDSUEXTPESTSTORE>

(Do not mail this form if done online)

Check/Money Order # _____
Payable to NDSU Extension Pesticide Program

Send payment to:
NDSU Extension Pesticide Program
NDSU Dept 7060
PO Box 6050
Fargo ND 58108-6050

Must be received in our office by preregistration deadline or pay \$25 late fee.

No phone or fax orders accepted.

**For questions, contact the NDSU Extension Pesticide Program Office
phone 701-231-7180 or 701-231-6388
email nds.pesticide@ndsu.edu**

