

Certification Year 2023

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, 2023, or later.
3. Submit a photocopy of a government-issued picture ID (for example, 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.

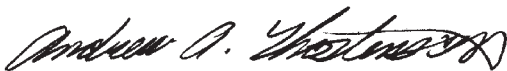
Be prepared to submit a letter of authorization to the state where you trained and tested for certification that grants authority to the NDSU Extension Pesticide Program to access your complaint or violation history.

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.**

Return the following originals. Please note we are unable to accept faxed or emailed copies.

- ___ Completed Request for Reciprocal Certification Form
- ___ Photocopy of pesticide certificate/license
- ___ Applicant Acknowledgment of Proof of Financial Responsibility Form
(on back side of Reciprocal Certification Request form)
- ___ Photocopy of picture ID
- ___ Certification Fee

EXTENSION PESTICIDE PROGRAM

NDSU Dept 7060 | PO Box 6050 | Fargo ND 58108-6050
701.231.7180 or 701.231.6388 | www.ndsupesticide.org | www.ag.ndsu.edu

2023 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: <https://tinyurl.com/NDRECIPROCITY>

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

Check # _____ (payable to NDSU Extension Pesticide Program)

09/2021

NDSU

EXTENSION
PESTICIDE

NDSU Extension Pesticide Program

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

Phone 701-231-7180 or 231-6388

<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.

Email completed form to:

Lise.alves@ndsu.edu OR
Jayne.auckland@ndsu.edu

Or mail form to:

NDSU Extension Pesticide Program
Dept 7060 PO Box 6050
Fargo ND 58108

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

Employer's Name (if employer is providing insurance)