

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

- X** 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
Total number of boxes checked _____ X \$25 =		\$ _____
Commercial/Public/Dealer/certification cost <i>(one time charge per training season)</i>		+ \$75
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.