

# 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)
<b>Total (will be more than \$75)</b>		\$ _____

## 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.**