

## Certification Year 2025

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, 2025, 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, 701-231-4127 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,

*Madeleine Smith*

Madeleine Smith  
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

**Due to data security concerns, DO NOT send these forms via email.**

### EXTENSION PESTICIDE PROGRAM

NDSU Dept 7060 | PO Box 6050 | Fargo ND 58108-6050  
701.231.7180 or 701.231.6388 | [www.ndsupesticide.org](http://www.ndsupesticide.org) | [www.ag.ndsu.edu](http://www.ag.ndsu.edu)



Mail completed 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)