NDSU NORTH DAKOTA STATE UNIVERSITY

Certification Year 2026

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, 2026, or later.**
3. Submit a photocopy of a government-issued picture ID (for example, driver's license, passport).
4. Submit a letter of good standing from the licensing authority from each state in which you hold a license, including states in which you held a reciprocal license. ***NEW REQUIREMENT***
5. Complete the Applicant Acknowledgment of Proof of Financial Responsibility Form (on back side of Reciprocal Certification Request form).
6. Pay your North Dakota certification fee.
7. Please read the ND Laws and rules here: https://tinyurl.com/NDLawsAndRules

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 from receipt in our office 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
____ Letter of Good Standing from state(s) you hold a certification, a license, or reciprocity

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 | www.ag.ndsu.edu

County Commissions, North Dakota State University and U.S. Department of Agriculture Cooperating | NDSU is an equal opportunity institution

2026 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	Please list every state in which you hold a pesticide certification, license, or reciprocity:
Which address should we use for correspondence? ❑ Personal ❑ Employer	
Core status ❑ Ground ❑ Aerial	
Certification status ❑ Applicator ❑ Dealer ❑ Consultant	
Do you work for a government agency? ❑ Yes ❑ No	
Is this certification for research and demonstration purposes? ❑ Yes ❑ No	

Certification Categories (must choose at least one)

- ❑ AgPest
- ❑ Non-Soil Fumigation
- ❑ Greenhouse
- ❑ Home, Industrial & Institutional
- ❑ Ornamental & Turf
- ❑ Public Health
- ❑ Right of Way
- ❑ Seed Treatment
- ❑ Vertebrate
- ❑ Wood Preservatives

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 # _____

Check # _____ (payable to NDSU Extension Pesticide Program)

Please note that if you pay online, you still need to submit these forms to our office via US mail.

09/2021

NDSU | EXTENSION PESTICIDE

NDSU Extension Pesticide Program
NDSU Dept 7060 • PO Box 6050 • Fargo ND
58108-6050 Phone 701-231-4127 or 701-231-7180
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.

NDSU | EXTENSION PESTICIDE PROGRAM

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)