NDSU NORTH DAKOTA STATE UNIVERSITY

Reciprocal Request for Pesticide Certification – Certification Year 2026

You have requested commercial reciprocal pesticide certification from North Dakota. To grant your request, we require that you follow the instructions below:

1. Complete and submit the enclosed Reciprocal Certification Request form.
2. Submit a copy of the pesticide certificate/license you hold from the state where you tested and trained. **This must be a valid certificate/license expiring no earlier than Dec. 31, 2026.**
3. Submit a copy of a government-issued photo ID (driver's license, passport).
4. Complete and submit Other State Licenses/Certifications or Reciprocities Form (last page of this document)
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/NDLawsAndRulesMay26

Please note that we do not grant reciprocity to North Dakota residents.

All applicators requesting reciprocal certification must have a Non-Resident Appointment of Agent form on file with the NDSU Extension Pesticide Program. Enclosed is an informative letter. This form must be on file or we cannot issue you a reciprocal certification.

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.

For more information:

- Pesticide certification, NDSU Extension Pesticide Program, 701-231-6388
- Appointment of agent, NDSU Extension Pesticide Program, 701-231-6388
- North Dakota pesticide laws/regulations, Pesticide Division, North Dakota Department of Agriculture, 701-328-4922
- North Dakota 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 Specialist

Enc: Reciprocal Request Form
Applicant Acknowledgment of Proof of Financial Responsibility Form
Appointment of Agent Letter and Form
Other State Licenses/Certifications or Reciprocities Form

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

____ Completed *Request for Reciprocal Certification* Form
____ Copy of pesticide certificate/license
____ Copy of photo ID
____ Completed *Applicant Acknowledgment of Proof of Financial Responsibility* form
____ Certification fee
____ Appointment of Agent form
____ Completed *Other State Licenses/Certifications or Reciprocities* Form

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

2026 Reciprocal Certification Request

State of North Dakota

Personal Information Name	**Business Information** 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? ❑ 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
- ☐ Home, Industrial & Institutional
- ☐ Right of Way
- ☐ Vertebrate
- ☐ Non-Soil Fumigation
- ☐ Ornamental & Turf
- ☐ Seed Treatment
- ☐ Wood Preservatives
- ☐ Greenhouse
- ☐ 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____/____/____

By signing this I am agreeing that my certification has not been suspended or revoked in the past three years in any state or province and that I have read the North Dakota Laws and Rules (Link Here: https://tinyurl.com/NDLawsAndRulesMay26)

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)

Due to Data Security concerns, DO NOT email this form. Emailed copies will not be accepted.

11/2024

NDSU | EXTENSION PESTICIDE

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

Allow two to three weeks from receipt of completed packet to process this request.

NDSU NORTH DAKOTA STATE UNIVERSITY

Dear Non-resident Pesticide Applicator/Dealer,

One of the requirements for obtaining certification as a pesticide applicator or dealer is that the applicant must file a written power of attorney with the North Dakota State University Extension Pesticide Program or a duly appointed resident agent for service of process.

According to Chapter 4.1-33-09 of the North Dakota Century Code, any nonresident applicant for a pesticide applicator or dealer's certification must file a power of attorney making such an agent designation before it can operate in the state of North Dakota. Once filed, the NDSU Extension Pesticide Program or the resident agent becomes the agent for the nonresident applicant in the event any lawsuit is filed against the applicant. The power of attorney must be prepared in such a form as to render effective the jurisdiction of North Dakota state courts over the nonresident applicant.

If you wish to designate the NDSU Extension Pesticide Program as the agent for service of process, complete the form on the reverse side of this page. Please note that the form must be signed before a notary public.

Send the form, along with a $25 filing fee, to the NDSU Extension Pesticide Program. If you have any questions regarding the appointment of agent, please contact the NDSU Extension Pesticide Program at 701-231-7180 or 701-231-4127.

Sincerely,

Madeleine Smith
Extension Pesticide Specialist

EXTENSION PESTICIDE PROGRAM
Van Es Hall 170 | NDSU Dept 7060 | PO Box 6050 | Fargo ND 58108-6050
701.231.7180 or 701.231.4127 | www.ndsupesticide.org | www.ndsu.edu/extension

NDSU | EXTENSION PESTICIDE PROGRAM

FOR OFFICE USE ONLY

ID #

Nonresident Appointment of Agent

NDSU Extension Pesticide Program
Filing and recording fee – $25

NDSU Extension Pesticide Program NDSU Dept 7060 | PO Box 6050 Fargo ND 58108-6050
Telephone 701-231-7180

North Dakota Century Code 4.1-33-09

Nonresident application – Designation of agent for service of process. Any nonresident applying for certification as an applicator or dealer under this chapter to operate in this state shall file a written power of attorney designating the North Dakota State University Extension Service or its designee as the agent of such nonresident upon whom service of process may be had in the event of any suit against said nonresident person, and the power of attorney must be so prepared and in such form as to render effective the jurisdiction of the courts of this state over the nonresident applicant provided, however, that any nonresident who has a duly appointed resident agent upon whom process may be served as provided by law is not required to designate the extension service as such agent. The extension service is allowed such fees therefore as provided by law for designating resident agents. The nonresident must be furnished with a copy of the designation of the extension service or of a resident agent. The copy will be duly certified by the North Dakota State University Extension Service.

PLEASE PRINT

1. Name of Applicant Applying for Appointment		Telephone #	
Complete Mailing Address	City	State	Zip Code

PLEASE PRINT

2. Business Name as Authorized to Transact Business in North Dakota		Telephone #	
Complete Mailing Address	City	State	Zip Code

The undersigned does hereby APPOINT THE NORTH DAKOTA STATE UNIVERSITY, EXTENSION PESTICIDE PROGRAM as the true and lawful agent upon whom may be served all lawful process in any action or proceeding against the undersigned, and does hereby agree that any legal process served on said agent shall be of the same legal force and effect or validity as if served by myself, the partnership, or the corporation.

_____
Signature and Title of Applicant

State of _____

County of _____

Subscribed and Sworn before me, this_____day of_____, 20_____.

(Notary Seal)

_____
Notary Public

My Commission Expires _____

FOR OFFICE USE ONLY

Certification of the NDSU Extension Pesticide Program

I hereby certify that this instrument is a true and correct copy of non-resident appointment of agent filed in the office of the NDSU Extension Pesticide Program this_____day of_____, 20_____.

_____
Signature

NDSU | EXTENSION
PESTICIDE PROGRAM

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)

Other State Licenses/Certifications or Reciprocities

Please list all states you hold a pesticide license/certification or reciprocity. Please indicate your home state with an H in the right-hand column.

State	Is this a reciprocal (R) or a full (F) license? (Please indicate your home state with an H)
e.g. ND	*e.g. F, H*

Applicant Signature _____ Date _____

I attest that the above information is accurate and reflects any licenses, certifications, and/or reciprocities I may hold.