



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. 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/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, 701-231-6388
- 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
Other State Licenses/
Certifications or Reciprocities
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

____ 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	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	
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 | ☐ PublicHealth | | |

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)

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

County Commissions, North Dakota
State University and U.S. Department
of Agriculture Cooperating.
NDSU is an equal EO/AA university.

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>

Faxed or emailed copies will not be accepted. Allow two to three weeks from receipt of completed packet to process this request.

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)

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.

[illegible]

Applicant Signature _____ Date _____

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