

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
<p>Total number of boxes checked _____ X \$25 = \$ _____</p> <p>Commercial/Public/Dealer/certification cost + \$75 <i>(one time charge per training season)</i></p> <p>Late fee (if applicable) + (\$25)</p> <p>Total (will be more than \$75) \$ _____</p>		

Method of Payment (payment must be included)

Order online at:
<https://tinyurl.com/ndsupesticide>

(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.

For questions, contact the NDSU Extension Pesticide Program Office
phone 701-231-7180 or 701-231-6388
email nds.pesticide@nds.edu