

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 \$10 = \$ _____</p> <p>Commercial/Public/Dealer/certification cost + \$55 <i>(one time charge per training season)</i></p> <p>Late fee (if applicable) + (\$25)</p> <p>Total (will be more than \$55) \$ _____</p> | | |

Method of Payment (payment must be included)

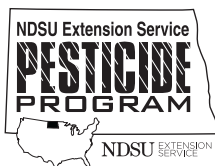
Order online at:
<http://tinyurl.com/ndsupesticide>

(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.**



For questions, contact the NDSU Extension Pesticide Program Office
phone 701-231-7180 or 701-231-6388; fax 701-231-5907
email ndsu.pesticide@ndsu.edu