# Commercial/Public/Dealer Pesticide Recertiﬁcation Preregistration Form

## Training Preregistration

**Study materials are provided at training.**

**Write in date and site of training. Check Renew or Certify for classes offered.**

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<tr>
<th>Date</th>
<th>Training Site</th>
<th>Classes</th>
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- Ag Pest
- Right-of-Way
- Seed Treatment
- Fumigation (Commodities and Structural)
- Greenhouse
- Ornamental and Turf
- Home, Industrial and Institution
- Public Health

**Certification Status**

- [ ] Applicator
- [ ] Dealer
- [ ] Consultant

**Core Status**

- [ ] Ground
- [ ] Aerial

**I have attended the mandatory PAASS Program**

**Total number of boxes checked** ______ X $10 = $________

**Commercial/Public/Dealer/certification cost**

+ $55

**Total** (will be more than $55) $________

- Late fee (if applicable) + ($25)

**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.**

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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

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Register online: http://tinyurl.com/ndsupesticide

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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

**✗ Check all that apply on each line:**

- Core Status
  - [ ] Ground
  - [ ] Aerial

- Certification Status
  - [ ] Applicator
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  - [ ] Consultant

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