



Commercial Pesticide Certification Pre-Registration Study Material Requests

PERSONAL
Name _____
Address _____
Phone _____
Date of Birth _____
E-mail _____

EMPLOYER/BUSINESS
Name _____
Address _____
Phone _____
Fax _____
E-mail _____

N.D. County of Residence _____

N.D. Commercial Pesticide ID _____

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

A. Training Date (base fee \$43 + \$10 per category) * Study materials provided at training
Pre-registrations must be postmarked 10 days prior to training date.

Date _____	City _____		
<input type="checkbox"/> AgPest	<input type="checkbox"/> Home Industrial/Institutional	<input type="checkbox"/> Right of Way	<input type="checkbox"/> Vertebrate
<input type="checkbox"/> Fumigation	<input type="checkbox"/> Ornamental & Turf	<input type="checkbox"/> Seed Treatment	<input type="checkbox"/> Wood Preservatives
<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Public Health		
Date _____	City _____		
<input type="checkbox"/> AgPest	<input type="checkbox"/> Home Industrial/Institutional	<input type="checkbox"/> Right of Way	<input type="checkbox"/> Vertebrate
<input type="checkbox"/> Fumigation	<input type="checkbox"/> Ornamental & Turf	<input type="checkbox"/> Seed Treatment	<input type="checkbox"/> Wood Preservatives
<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Public Health		

B. Study Materials (base fee \$43 + \$10 per category) **Provide complete street address for UPS delivery.**

<input type="checkbox"/> AgPest	<input type="checkbox"/> Home Industrial/Institutional	<input type="checkbox"/> Right of Way	<input type="checkbox"/> Vertebrate
<input type="checkbox"/> Fumigation	<input type="checkbox"/> Ornamental & Turf	<input type="checkbox"/> Seed Treatment	<input type="checkbox"/> Wood Preservatives
<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Public Health		

Fee: Base Fee		\$43	
Number of Categories	X \$10 =	\$ _____	
	Subtotal	\$ _____	Pay this amount if requesting Study Materials
Subtract \$10 for Pre-Registration		- \$10	
	Total Pre-Registration Fee	\$ _____	

Method of payment: (payment must be included)

Credit Card

Visa MasterCard Discover Credit card # _____

Expiration (mo/yr) ____ / ____ Cardholder name (print) _____

Check/Money Order # _____ (payable to NDSU Extension Pesticide Program)

Signature _____ Date ____ / ____ / ____

Return: NDSU Extension Pesticide Program Phone 701/231-7180
 Box 5051 NDSU Fax 701/231-8474
 Fargo ND 58105