Commercial Pesticide Certification–*Training Pre-Registration or Study Material Requests*

Personal	**Employer/Business**
Name:	**Name:**
Address:	**Address:**
Phone:	**Phone:**
Email:	**Fax:**
County of Residence:	**Email:**
N.D. Commercial Pesticide ID Number _____	
Check all that apply on each line: Core Status: __ Ground __ Aerial Certification Status: __ Applicator __ Dealer __ Consultant Employment Status: __ Private Industry __ Government	

Training Date:(Base fee $43 + 10 for each additional category)
*Pre-registrations must be received 10 days prior to training date.

#1 Date: _____ City: _____

___ AgPest	___ HII	___ Research-Demo (no fee)	___ Vertebrate
___ Fumigation	___ Ornamental & Turf	___ Right of Way	___ Wood Preservatives
___ Greenhouse	___ Public Health	___ Seed Treatment	

#2 Date: _____ City: _____

___ AgPest	___ HII	___ Research-Demo (no fee)	___ Vertebrate
___ Fumigation	___ Ornamental & Turf	___ Right of Way	___ Wood Preservatives
___ Greenhouse	___ Public Health	___ Seed Treatment	

Study Materials: (Base fee $53 + 10 for each additional category)

___ AgPest	___ HII	___ Research-Demo (no fee)	___ Vertebrate
___ Fumigation	___ Ornamental & Turf	___ Right of Way	___ Wood Preservatives
___ Greenhouse	___ Public Health	___ Seed Treatment	

Fee:

First category (43 or 53) $_____
Additional categories ___ x $10 = $_____
Total $
======

Method of payment:

___ Check or money order (Payable to NDSU Extension Pesticide Program)
___ Credit Card (choose one) __Visa __ MasterCard __ Discover
Credit card # _____ Expiration (mo/yr) ____/____
Cardholder name _____

Return: NDSU Extension Pesticide Program
Box 5051 NDSU
Fargo ND 58105-5051

For questions call the NDSU Extension
Pesticide Program office at 701-231-7180
Fax: 701-231-8474