

N.D. Financial Responsibility Waiver

Applicant Name _____

Commercial Pesticide Certification ID Number (If applicable) _____

Applicant Address _____
street city state zip

Applicant Home Phone (_____) _____ E-Mail _____

Employer Business Name _____

Employer Business Address _____
street city state zip

Employer Phone (_____) _____ Employer Fax (_____) _____

Applicant Signature _____ Date ____/____/____

I request that my financial responsibility requirement be waived due to the following:

1. ___ I Consult or Recommend ONLY. I will not make a commercial pesticide application.
2. ___ I am a Dealer ONLY. I will not make a commercial pesticide application.
3. ___ My status is NOT active. I will not make a commercial pesticide application.
(If your status changes, you **must notify** the NDSU Extension Pesticide office.)
4. ___ I am a rancher or farmer that must obtain a commercial certification to control noxious weeds on leased Federal Lands.
5. ___ I am an employee of a Government Agency.
6. ___ I will commercially apply pesticides ONLY as an employee or an agent of a company or individual who has demonstrated proof of financial responsibility on my behalf.

Complete the following:

My employer provides financial responsibility in the following way: (choose one)

- A notarized letter. (Attach a copy to this waiver and submit to the address below.)
- A performance bond. (Attach a copy to this waiver and submit to the address below.)
- A general liability insurance policy. (Complete the following or attach a copy to this waiver and submit to the address below.)

Insurance Company Name _____

Insurance Company Address _____

Insurance Policy Number _____ Expiration Date ____/____/____

7. ___ I hold a Right-of-Way certification and I apply pesticides only on non-annual crop land, grasslands, or tame hay for the control of noxious weeds.