Commercial/Public/Dealer Pesticide Recertification Preregistration Form **Training Preregistration**

PERSONAL INFORMATION (please print)	EMPLOYER/BUSINESS
Name	Name
Address P.O. box <u>and</u> street address	Address P.O. box and street address
City, State, Zip	City, State, Zip
Phone	Phone
Date of birth	Fax
E-mail	E-mail
Correspondence from the Pesticide Office should go to which	n 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 purpos	ses? 🗆 Yes 🗅 No
	Ground
	Aerial — ☐ I have attended the mandatory PAASS Program
	☐ Aerial Application will be made via drone
Certification Status	□ Applicator □ Dealer □ Consultant
	Method of Payment
Training/Preregistration	(payment must be included)
Study materials are provided at training.	(payment must be melaucu)
Write in date and site of training. Check Renew or Certify for class	ses offered. Order online at:
▼ Date ▼ Training Site ▼ Classes	https://tinyurl.com/NDSUEXTPESTSTORE
Ag Pest	
Right-of-Way	
Seed Treatment	Renew Certify Check/Money Order #
Fumigation (Commodities and Structural)	
Greenhouse	□ Renew □ Certify Send payment to:
Ornamental and Turf	
Home, Industrial and Institution	□ Renew □ Certify NDSU Dept 7060
Public Health	PO Box 6050 Renew Certify Fargo ND 58108-6050
Total number of boxes checked X \$25 = \$	
	+ \$75 Must be received in our office
(one time charge per training season) Late fee (if applicable)	
l late tee (it applicable)	by preregistration deadline or pay \$25 late fee.



Total (will be more than \$75)

For questions, contact the NDSU Extension Pesticide Program Office phone 701-231-6388, 701-231-7180, or 701-231-4127 email ndsu.pesticide@ndsu.edu

No phone or fax orders accepted.