

Commercial Pesticide Study Material Request Form

Nontraining Study Materials

Order only if **NOT** attending a training

| |
|-------------------------------------------------------------|
| PERSONAL INFORMATION (please print) |
| Name _____ |
| Address <small>P.O. box and street address</small> _____ |
| City, State, Zip _____ |
| Phone _____ |
| Date of birth _____ |
| E-mail _____ |

| |
|-------------------------------------------------------------|
| EMPLOYER/BUSINESS |
| Name _____ |
| Address <small>P.O. box and street address</small> _____ |
| City, State, Zip _____ |
| Phone _____ |
| Fax _____ |
| E-mail _____ |

Check if you would prefer to receive your *Pesticide Quarterly* newsletter by e-mail

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

X Check all that apply on each line: **Core Status** Ground Aerial
Certification Status Applicator Dealer Consultant

| | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------|--|----------------------------------------------------------------------------------------------------|------|-----------------------|--------|--------------|-----------------|
| Study Material | | | | | | | | | |
| ▼ Check each class for study material needed: | | | | | | | | | |
| <input type="checkbox"/> Ag Pest | | | | | | | | | |
| <input type="checkbox"/> Fumigation (Commodity and Structural) | | | | | | | | | |
| <input type="checkbox"/> Greenhouse | | | | | | | | | |
| <input type="checkbox"/> Home, Industrial and Institutional | | | | | | | | | |
| <input type="checkbox"/> Ornamental and Turf | | | | | | | | | |
| <input type="checkbox"/> Public Health | | | | | | | | | |
| <input type="checkbox"/> Right-of-Way | | | | | | | | | |
| <input type="checkbox"/> Seed Treatment | | | | | | | | | |
| <input type="checkbox"/> Vertebrate | | | | | | | | | |
| <input type="checkbox"/> Wood Preservatives | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Total study material class _____ X \$10 = \$ _____</td> <td></td> </tr> <tr> <td>Commercial/public/dealer certification cost <i>(One time charge per training <u>season</u>)</i></td> <td style="text-align: right;">\$55</td> </tr> <tr> <td>Shipping and handling</td> <td style="text-align: right;">+ \$15</td> </tr> <tr> <td style="text-align: right;">Total</td> <td style="text-align: right;">\$ _____</td> </tr> </table> | | Total study material class _____ X \$10 = \$ _____ | | Commercial/public/dealer certification cost <i>(One time charge per training <u>season</u>)</i> | \$55 | Shipping and handling | + \$15 | Total | \$ _____ |
| Total study material class _____ X \$10 = \$ _____ | | | | | | | | | |
| Commercial/public/dealer certification cost <i>(One time charge per training <u>season</u>)</i> | \$55 | | | | | | | | |
| Shipping and handling | + \$15 | | | | | | | | |
| Total | \$ _____ | | | | | | | | |

Method of Payment (payment must be included)

Email address for receipt (C.C. only) _____

Credit Card
 Visa MasterCard Discover

Credit card # _____

Expiration (mo/yr) ____/____

Cardholder name
(print) _____

Billing address _____

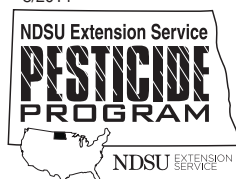
3-digit code _____ billing zip code _____

Check/Money Order # _____
 Payable to NDSU Extension Pesticide Program

Send payment to:
 NDSU Extension Pesticide Program
 NDSU Dept. 7060, P.O. Box 6050
 Fargo, ND 58108-6050

Allow 10 business days for processing

8/2014



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