

PESTICIDE PROGRAM SFN 17783 (3-09) North Dakota Department of Agriculture Pesticide Program 600 E Boulevard Ave, Dept 602 Bismarck, ND 58505-0020 Ph. 701-328-2231

This form must be completed in order for restricted use pesticides (RUP's) to be picked up by anyone other than the certified person for the year as stated. The dealer is responsible to visually verify the certification number and expiration date.

Please list those persons authorized to receive F	RUP's on beh	alt of the certified	applicator.		
Authorized Person #1		Partner	Employee	Family	Member
Authorized Person #2		Partner	Employee	Family	Member
Authorized Person #3		Partner	Employee	Family	Member
Authorized Person #4		Partner	Employee	Family	Member
I have instructed the above named individual on the proper safety, handling and transportation methods for the following chemicals and that person is authorized to receive and sign for the receipt of the following chemicals on my account for the 20calendar year.					
Chemical Name		Chemical Name			
Chemical Name		Chemical Name			
Chemical Name		Chemical Name			
Chemical Name		Chemical Name			
Chemical Name		Chemical Name			
Chemical Name		Chemical Name			
Name of Certified Applicator (Please Print)		Signature of Certified Applicator			
Address		City		State	Zip Code
Telephone Number		Certification Number		Expiration Date	
I have been duly instructed in the safe handling and transportation of the above named chemicals.					
Signature of Authorized Person #1	Date	Signature of Authorized Person #2		Date	
Signature of Authorized Person #3	Date	Signature of Authorized Person #4		Date	

DEALER: Keep this on file for 3 years.

Copy as needed.