



AUTHORIZATION TO RECEIVE RESTRICTED USE PESTICIDES (RUP's)

NORTH DAKOTA DEPARTMENT OF AGRICULTURE
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 RUP's on behalf of the certified applicator.

Authorized Person #1	<input type="checkbox"/> Partner	<input type="checkbox"/> Employee	<input type="checkbox"/> Family Member
Authorized Person #2	<input type="checkbox"/> Partner	<input type="checkbox"/> Employee	<input type="checkbox"/> Family Member
Authorized Person #3	<input type="checkbox"/> Partner	<input type="checkbox"/> Employee	<input type="checkbox"/> Family Member
Authorized Person #4	<input type="checkbox"/> Partner	<input type="checkbox"/> Employee	<input type="checkbox"/> 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 20____calendar year.

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.