AUTHORIZATION TO RECEIVE RESTRICTED USE PESTICIDES (RUP's)

NORTH DAKOTA DEPARTMENT OF AGRICULTURE
PESTICIDE AND FERTILIZER DIVISION
SFN 17783 (2-2013)

ND Department of Agriculture
600 E Boulevard Ave Dept 602
Bismarck, ND 58505-0020
Telephone: 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 authorised to receive RUP's on behalf 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-name 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)			
Telephone Number	Certification Number	Expiration Date	
Address	City	State	ZIP Code
Signature of Certified Applicator			

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.