

ROSTER FOR COMMERCIAL PESTICIDE APPLICATOR RECERTIFICATION POINT SYSTEM IN TENNESSEE



(Sign For Points ONLY)

Meeting Title: _____ School No. / Session: _____ Date(s): _____
(Title, location, and date should correspond with those on Application) (If Available or Applicable)

Location(s): _____ Time: _____ - _____ Training: Internal
(From) (To) External

Type of Training: Conference/Short Course Seminar Correspondence Course Class In-Service Training Workshop Field Day (Other) _____

(Use two lines if necessary)

Name (Please <u>Print</u> Legibly) <i>(Must be in applicators handwriting)</i>	Home Address	County	*Certif. I.D.No. <div style="border: 1px solid black; padding: 2px; text-align: center;">OR</div> <i>Next Column</i>	Last 4 Digits of SSN	Phone No.	E-mail Address (Home or Business)
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*Certification number preferred over SSN.

Mail Roster To: Pesticide Certification Supervisor, TDA, P.O. Box 40627, Porter Bldg., Melrose Station, Nashville, TN 37204

Meeting coordinator or trainer should keep a file copy.

(Signature of Person Verifying Attendance)

Program Chairperson Signature:	Address:	E-Mail Address (Home or Business)	Telephone:	Date:

COMMERCIAL APPLICATOR POINT ROSTER

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(Use Two Lines If Necessary)

<p>Name (Please <u>Print</u> Legibly)</p> <p><i>(Must be in applicators handwriting)</i></p>	<p>Home Address</p>	<p>County</p>	<p>Certifi. I.D. No.</p> <p style="border: 1px solid black; padding: 2px; display: inline-block;">OR</p> <p>Next Column</p>	<p>Last 4 Digits of SSN</p>	<p>Phone No.</p>	<p>E-Mail Address (Home or Business)</p>
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<p>Chairperson Signature</p>	<p>Address</p>	<p>E-Mail Address (Home or Business)</p>	<p>Telephone</p>	<p>Date</p>
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