

TENNESSEE PESTICIDE RECERTIFICATION
Application for Points
(Recommend Submitting 30 Days Prior To Meeting)

Office Use - ONLY -	
School No.	

Meeting Title: _____

Sponsored by: _____

Meeting Date(s): _____

Location(s): _____

Program Chairperson: _____

Address: _____

Phone: () **Fax:** ()

E-Mail _____

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

Check Certification Category Applying For:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> In-House Training | <input type="checkbox"/> 1 - Agricultural Pest Control
<input type="checkbox"/> 2 - Forest Pest Control
<input type="checkbox"/> 3 - Ornamental & Turf Pest Control
<input type="checkbox"/> 4 - Seed Treatment | <input type="checkbox"/> 7 - General Household & Structural Pest (Industrial, Institutional, Structural & Health Related Pest Control)
<input type="checkbox"/> 8 - Public Health Control
<input type="checkbox"/> 9 - Regulatory Pest Control | <input type="checkbox"/> 10 - Demonstration, Research & Regulatory
<input type="checkbox"/> 11 - Wood Preservatives
<input type="checkbox"/> 12 - Dealer
<input type="checkbox"/> 13 - Antifouling Marine Paint
<input type="checkbox"/> 14 - Microbial Pest Control
<input type="checkbox"/> 16 - Sewer Line Chemical Root Control |
| <input type="checkbox"/> External Training | <input type="checkbox"/> 5 - Aquatic Pest Control
<input type="checkbox"/> 6 - Right-Of-Way Control | | |

Session (If Applicable)	Topics - (Please <u>Print</u> Legibly)	Speaker/Title/Employer	Length of Time	
			Date	From/To

*A separate agenda may be attached.