

**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:
(From) (To)
Internal
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. OR Next Column	Last 4 Digits of SSN	Phone No.	E-mail Address (Home or Business)
1						
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8						

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:
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COMMERCIAL APPLICATOR POINT ROSTER

Meeting Title _____ School No. / Session _____ Date(s) _____

(Use Two Lines If Necessary)

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