

PESTICIDE SAFETY EDUCATION PROGRAM

Training Registration Form

Date	Social Security No.	Workshop	
Last name		First name	Middle Initials
Post Office		Zip code	
Mailing address (Box No./Home delivery)			
TELEPHONE Home	Cell	Work	FAX
E-MAIL ADDRESS			
SIGNATURE			

Circle the category/categories in which you wish to receive training:

- a. Agriculture, Plant, Pest control
- b. Agriculture, Animal, Pest control
- c. Ornamental and Turf Pest control
- d. Industrial, Institutional, Structural and Health related Pest control
- e. Public Health Pest control
- f. Regulatory Pest control
- g. Research and Demonstration Pest control

Requirements for certification may change in the near future.

Circle all areas in which you would be interested:

- 1. Fumigation Pest control
- 2. Right of Way Pest control
- 3. Termite control
- 4. Pest control in schools

Additional comments: