

# 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: