



STATE OF MISSOURI  
DEPARTMENT OF AGRICULTURE  
BUREAU OF PESTICIDE CONTROL

**PESTICIDE TECHNICIAN NOTICE OF TRAINING**

DATE

TRAINEE NAME		BUSINESS NAME	
BUSINESS ADDRESS		CITY	STATE ZIP CODE
PROGRAM TITLE		CATEGORY (CHECK ONE ONLY) <input type="checkbox"/> 3 <input type="checkbox"/> 7A <input type="checkbox"/> 7B	APPROVAL CODE

CLASSROOM TRAINING	LIST ALL TRAINING DATES	HOURS	TRAINER'S NAME AND SIGNATURE (IF APPLICABLE, TRAINER'S LICENSE NUMBER)
PEST IDENTIFICATION			
EQUIPMENT			
PESTICIDES			
ALTERNATIVE CONTROL METHODS			
LABELS			
PESTICIDE HAZARDS AND SAFETY			
PESTICIDE SPILLS			
PESTICIDE LAWS			

ON-THE-JOB TRAINING	LIST ALL TRAINING DATES	HOURS	SIGNATURE OF CERTIFIED ON-THE-JOB TRAINER	TRAINER'S LICENSE NO.
PEST IDENTIFICATION				
EQUIPMENT				
PESTICIDES				
ALTERNATIVE CONTROL METHODS				
PESTICIDE HAZARDS AND SAFETY				
PESTICIDE SPILLS				

I certify that all above information is true, complete and correct to the best of my knowledge and belief, and is made in good faith.

TRAINEE SIGNATURE	DATE
COMPANY REPRESENTATIVE	DATE