



**PESTICIDE TECHNICIAN NOTICE OF TRAINING FORM**

DATE
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TRAINEE NAME		BUSINESS NAME		
BUSINESS ADDRESS		CITY	STATE	ZIP CODE
TRAINING 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 (MINIMUM 1.5 HOURS)			
EQUIPMENT (MINIMUM 1 HOUR)			
PESTICIDES (MINIMUM 1.5 HOURS)			
ALTERNATIVE CONTROL METHODS (MINIMUM 30 MINUTES)			
LABELS (MINIMUM 1 HOUR)			
PESTICIDE HAZARDS AND SAFETY (MINIMUM 1 HOUR)			
PESTICIDE SPILLS (MINIMUM 30 MINUTES)			
PESTICIDE LAWS (MINIMUM 1 HOUR)			
ON-THE-JOB TRAINING	LIST ALL TRAINING DATES	HOURS	TRAINER'S NAME AND SIGNATURE (IF APPLICABLE, TRAINER'S LICENSE NUMBER)
PEST IDENTIFICATION (MINIMUM 1 HOUR)			
EQUIPMENT (MINIMUM 10 HOURS)			
PESTICIDES (MINIMUM 2 HOURS)			
ALTERNATIVE CONTROL METHODS (MINIMUM 1 HOUR)			
PESTICIDE HAZARDS AND SAFETY (MINIMUM 1 HOUR)			
PESTICIDE SPILLS (MINIMUM 1 HOUR)			

**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
TRAINER SIGNATURE	DATE