



NONCERTIFIED RUP APPLICATOR NOTICE OF TRAINING FORM

DATE

TRAINEE NAME	BUSINESS NAME		
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BUSINESS ADDRESS	CITY	STATE	ZIP CODE
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PROGRAM SPONSOR

CLASSROOM TRAINING	LIST ALL TRAINING DATES	HOURS	TRAINER'S NAME AND SIGNATURE (IF APPLICABLE, TRAINER'S LICENSE NUMBER)
PESTICIDE LABELS AND LABELING (MINIMUM 30 MINUTES)			
PESTICIDE HAZARDS AND SAFETY (MINIMUM 2.5 HOURS)			
ENVIRONMENTAL CONCERNS (MINIMUM 30 MINUTES)			
PESTICIDE LAWS (MINIMUM 30 MINUTES)			

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
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TRAINER SIGNATURE	DATE
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