



**ROSTER FOR
COMMERCIAL PESTICIDE APPLICATOR
RECERTIFICATION POINT SYSTEM IN TENNESSEE**

(Sign For Points ONLY)

(Please return to PSEP office or TDA no later than 30 days after training)

Meeting Title: _____ School No. / Session: _____

Date(s): _____
(Title, location, and date should correspond with those on Application)

(If Available or Applicable)

Location(s): _____ Time: _____ - _____

Training:

(From)

(To)

Internal

External

Type of Training:

- Conference/Short Course Seminar Correspondence Course Class In-Service Training Workshop Field Day (Other) _____

(Use two lines if necessary)

Name (Please <u>Print</u> Legibly) (Must be in applicators handwriting)	<u>Home Address</u>	<u>County</u>	<u>*Certif. I.D.No. OR Next Column</u>	<u>Last 4 Digits of SSN</u>	<u>Phone No.</u>	<u>E-mail Address (Home or Business)</u>
<u>1</u>						
<u>2</u>						
<u>3</u>						
<u>4</u>						
<u>5</u>						
<u>6</u>						
<u>7</u>						
<u>8</u>						

***Certification number preferred over SSN.**

Mail Roster To: Pesticide Certification Supervisor, TDA, P.O. Box 40627, Porter Bldg., Melrose Station, Nashville, TN 37204
Meeting coordinator or trainer should keep a file copy.

(Signature of Person Verifying Attendance)

<u>Program Chairperson Signature:</u>	<u>Address:</u>	<u>E-Mail Address (Home or Business)</u>	<u>Telephone:</u>	<u>Date:</u>

Meeting Title

School No. / Session

Date(s)

(Use Two Lines If Necessary)

Name (Please <u>Print</u> Legibly) (Must be in applicators handwriting)	Home Address	County	Certifi. I.D. No. OR Next Column	Last 4 Digits of SSN	Phone No.	E-Mail Address (Home or Business)
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<u>13</u>						
<u>14</u>						
<u>15</u>						

Chairperson Signature	Address	E-Mail Address (Home or Business)	Telephone	Date
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Attendance rosters should be submitted no later than 30 days after training