

**TENNESSEE PESTICIDE RECERTIFICATION**

**Application for Points**

*(Recommend Submitting 30 Days Prior To Meeting)*

Office Use - ONLY -	
School No.	

**Meeting Title:** \_\_\_\_\_

**Sponsored by:** \_\_\_\_\_

**Meeting Date(s):** \_\_\_\_\_

**Location(s):** \_\_\_\_\_

**Program Chairperson:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Type of Training:**  Conference/Short Course     Seminar     Correspondence Course     In-Service Training     Workshop  
 Field Day     Class     (Other) \_\_\_\_\_

**Check Certification Category Applying For:**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> <b>In-House Training</b><br><br><input type="checkbox"/> <b>External Training</b> | G 1 - Agricultural Pest Control<br>G 2 - Forest Pest Control<br>G 3 - Ornamental & Turf Pest Control<br>G 4 - Seed Treatment<br>G 5 - Aquatic Pest Control<br>G 6 - Right-Of-Way Control | G 7 - General Household & Structural Pest<br>(Industrial, Institutional, Structural<br>& Health Related Pest Control)<br>G 8 - Public Health Control<br>G 9 - Limited Herbicide Applicator | G 10 - Demonstration, Research & Regulatory<br>G 11 - Wood Preservatives<br>G 12 - Dealer<br>G 13 - Antifouling Marine Paint<br>G 14 - Microbial Pest Control<br>G 16 - Sewer Line Chemical Root Control |
|--|--|--|--|

Session (If Applicable)	Topics - (Please Print Legibly)	Speaker/Title/Employer	Length of Time	
			Date	From/To

\*A separate agenda may be attached.

**Educational institutions mail application to:** UT Pesticide Safety Education Program, Dept. of Entomology and Plant Pathology, 2505 E.J. Chapman Drive, 370 Plant Biotech. Bldg., Knoxville, TN 37996-4560.

**Industry mail application to:** Certification & Licensing Section, Tennessee Department of Agriculture, Box 40627, Porter Bldg., Nashville, TN 37204.