

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: () _____

E-Mail _____

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

Check Certification Category Applying For: (Final decision made by TDA)

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

| Session (If Applicable) | Topics - (Please Print Legibly) | Speaker/Title/Employer | Length of Time | |
|-------------------------|---------------------------------|------------------------|----------------|---------|
| | | | Date | From/To |
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*A separate agenda may be attached.

Please email the application and attached paperwork to: pesticide.training@tn.gov
 Please email attendance/roster forms to: pesticide.training@tn.gov
 In House Training= Training offered within company by a person in the same company
 External Training= Training offered anywhere and open for anyone to attend