**TENNESSEE PESTICIDE RECERTIFICATION**

**Application for Points**

*(Recommend Submitting 45 Days Prior To Meeting)*

**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

**Check Certification Category Applying For:**

- [ ] In-House Training
  - [ ] 1 - Agricultural Pest Control
  - [ ] 2 - Forest Pest Control
  - [ ] 3 - Ornamental & Turf Pest Control
  - [ ] 4 - Seed Treatment
  - [ ] 5 - Aquatic Pest Control
  - [ ] 6 - Right-Of-Way Control

- [ ] 7 - General Household & Structural Pest (Industrial, Institutional, Structural & Health Related Pest Control)

- [ ] 8 - Public Health Control

- [ ] 9 - Regulatory Pest Control

- [ ] 10 - Demonstration, Research & Regulatory

- [ ] 11 - Wood Preservatives

- [ ] 12 - Dealer

- [ ] 13 - Antifouling Marine Paint

- [ ] 14 - Microbial Pest Control

- [ ] 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.*

**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.