

**ROSTER FOR
COMMERCIAL PESTICIDE APPLICATOR**



RECERTIFICATION POINT SYSTEM IN TENNESSEE
(Sign For Points ONLY)

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 Legibly</u>) (Must be in applicators handwriting)	<u>Home Address</u>	<u>County</u>	<u>*Certif. I.D. no.</u>	<u>Phone No.</u>	<u>E-mail Address (Home or Business)</u>
1					
2					
3					
4					
5					
6					
7					
8					

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>
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COMMERCIAL APPLICATOR POINT ROSTER

Meeting Title: _____ School No. / Session: _____ Date(s): _____

Name (Please <u>Print</u> Legibly) (Must be in applicators handwriting)	<u>Home Address</u>	<u>County</u>	<u>Certifi.</u> <u>I.D. no.</u>	<u>Phone No.</u>	<u>E-Mail Address</u> <u>(Home or Business)</u>
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(Signature of Person Verifying Attendance)

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