



**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): \_\_\_\_\_

<b>Name</b> (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> (Home or Business)
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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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