

Application for Points

Type or Print Legibly

(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
  - Field Day
  - Class
  - (Other) \_\_\_\_\_

**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
- External Training**

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.