

REGISTRATION ROSTER FOR
PESTICIDE APPLICATORS



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</u> Legibly) <i>(Must be in applicators handwriting)</i>	<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					

Keep this copy on file and provide TDA with an electronic spreadsheet of the attendees. Email the list to: bonnie.potter@tn.gov
 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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APPLICATOR POINT ATTENDANCE 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> (Home or Business)
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15					

Email a spreadsheet of the attendees to bonnie.potter@tn.gov. The meeting coordinator or trainer should keep a file copy.

(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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