

**APPLICATION FOR PESTICIDE CONTINUING
CERTIFICATION CREDIT APPROVAL**

Course Code _____

PLEASE PRINT OR TYPE

Note: Applications must be submitted prior to a training event, at least 30 days in advance.

1. Date application submitted: _____
2. Date of training: _____
3. Sponsoring institution or agency: _____

4. Contact person: _____
5. Mailing Address of contact person:
P.O. Box or Street Address: _____

FOR ADAI USE ONLY										
Training date: _____										
Sponsoring agency: _____										
Title of training: _____										
Subclasses approved:										
A	B	C	D	E	F	G	H	I	J	
K	L	M	N	all						
Credit hours approved: _____										

City: _____ County: _____ State: _____ Zip Code: _____

6. Phone number of contact person: (____) _____ email: _____

7. Is this training open to the public? Yes/No (If yes, it will be posted to the Pesticide Section's website) If No, specify any restrictions: _____

8. Location(s) of training:

Street Address: _____

City: _____ State: _____

9. Time training will begin: _____ a.m./p.m.
Time training will end: _____ a.m./p.m.

10. Title of training: _____

11. Outline of subject matter to be covered or attach program agenda:

<i>TOPIC</i>	<i>TIME (in minutes or hours)</i>

12. Length of time (hours) directly related to pesticide recertification credits: _____

13. This training is considered appropriate for Continuing Certification Credit in the following license subclass or subclasses (check the square corresponding to the subclass code and name):

- | | | |
|---|--|---|
| <input type="checkbox"/> A. Aquatic | <input type="checkbox"/> F. Ag Pest – Animal | <input type="checkbox"/> L. Aerial Application |
| <input type="checkbox"/> B. Public Health | <input type="checkbox"/> G. Ornamental & Turf | <input type="checkbox"/> M. Wood Treatment |
| <input type="checkbox"/> C. Forest | <input type="checkbox"/> H. Seed Treatment | <input type="checkbox"/> N. Pesticide Dealer |
| <input type="checkbox"/> D. Right-of-Way | <input type="checkbox"/> I. Regulatory | <input type="checkbox"/> O. Demonstration & Research |
| <input type="checkbox"/> E. Ag Pest – Plant | <input type="checkbox"/> J. TBT Antifouling Paints | <input type="checkbox"/> P. Wood Destroying Organisms |
| | <input type="checkbox"/> K. Household Pest Control | <input type="checkbox"/> Q. Fumigation Pest Control |
| <input type="checkbox"/> All Subclasses | | |

14. Instructors:

Instructor's Name & Title	Education	Employed By*

***NOTE:** If an instructor is not employed by a land grant university or the Cooperative Extension Service, then a resume must be submitted to document this person's qualifications.

15. Training Materials:

Title	Type (Video, Slides, etc.)	Prepared or Distributed By:

Send to: Alabama Department of Agriculture & Industries
 Certification and Training
 1445 Federal Drive
 Montgomery, AL 36107