Pennsylvania Department of AGRICULTURE

Pennsylvania Department of Agriculture Pesticide Recertification Course Attendance Reporting Sheet

_____ _____ _____

Course Name ***Course Location*** ***Meeting Number***

I certify that this Pesticide Recertification Course was held as pre-approved, or I have listed all changes to the pre-approved course on the back of this sheet, and the persons listed on these sheets or the accompanying update certificates were in attendance for this course. I understand that submitting information for pesticide recertification is a legal process. Falsification by a course sponsor responsible for the information provided, and/or the training conducted may result in the withdrawal of course approval, not only for the submitted course, but also for future courses, and that the Department reserves the right to pursue further legal remedies.

_____ ____/___/____

Signature of Course Sponsor *Date*

I certify by my signature that I was in attendance for this entire course.

*** If you do not know your certification number or your home address has changed please list your correct address on the next line and include your phone number.**

Certification Number*	Print Full Name	Applicator Signature	Date of Birth	Phone Number*

Keep A Copy For Yourself & Return Original Within 10 Days To:

PA DEPARTMENT OF AGRICULTURE - Phone 717-772-5231 Ext. 2
Bureau of Plant Industry Fax 717-783-3275
2301 N Cameron St.
Harrisburg, PA 17110-9408