

Course Code _____

**APPLICATION FOR PESTICIDE CONTINUING
CERTIFICATION CREDIT APPROVAL**

PLEASE PRINT OR TYPE

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

1. Date application submitted: _____ / _____ / _____

Month Day Year
2. Date of training: _____ / _____ / _____
3. Sponsoring institution or agency: _____
4. Contact person: _____
5. Mailing address of contact person:

FOR NCDA&CS USE ONLY

Training date: _____

Sponsoring agency: _____

Title of training: _____

Subclasses approved: (✓)

A	B	G	H	I	K	L	M	N	O	T	D	P	V	X

Credit hours approved: _____

P.O. Box or Street Address _____

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: _____

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11. Outline of subject matter to be covered or attach program agenda :
TOPIC *TIME (in minutes or hours)*

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"/> K. Ag Pest - Animal | <input type="checkbox"/> P. Aerial Methods |
| <input type="checkbox"/> B. Public Health | <input type="checkbox"/> L. Ornamental & Turf | <input type="checkbox"/> T. Wood Treatment |
| <input type="checkbox"/> G. Forest | <input type="checkbox"/> M. Seed Treatment | <input type="checkbox"/> D. Dealer |
| <input type="checkbox"/> H. Right-of-Way | <input type="checkbox"/> N. Demonstration & Research | <input type="checkbox"/> V. Private- Recert/Safety Class |
| <input type="checkbox"/> I. Regulatory | <input type="checkbox"/> O. Ag Pest - Plant | <input type="checkbox"/> X. Private-A, G, K, L, M, O |
| | | <input type="checkbox"/> All Subclasses |

14. Instructors:

Instructor's Name and 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: Pesticide Recertification Credits
 NCDA & CS / Pesticide Section
 1090 Mail Service Center
 Raleigh, NC 27699-1090