

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
- External Training**
 - 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

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.