

VIRGINIA
APPLICATION FOR RECERTIFICATION CREDIT

I, _____, holder of Pesticide Applicator Certificate # _____,
(Print Name As It Appears on Certificate)

hereby certify my attendance and participation in the approved training program listed on this form and make application for recertification credit as a Commercial Pesticide Applicator in the specified Category(ies).

Last 4 digits of Social Security Number: _____ Daytime Phone No. (_____) _____ - _____

Employer Name: _____ Pesticide Business License No. _____

IMPORTANT INFORMATION:

- ❖ **Sign roster at check in then complete and return this form to the Course Sponsor at the end of the course.**
- ❖ **If you are no longer with your employer or your mailing address has changed, it is your responsibility to notify the Office of Pesticide Services in writing.** Change of Information forms are available for download on the following page of the VDACS website:
<http://www.vdacs.virginia.gov/services-forms.shtml>.

This Course has been approved for recertification credit in the following Category(ies):

<u>Cat. #</u>	<u>Description</u>
3-A (23)	Ornamental Pest Control
3-B (24)	Turf Pest Control
6 (06)	Right-of-Way Pest Control
60 (60)	Registered Technician (for those applicators working in the appropriate category)

Course Approval Number(s): 24-23-058; 24-24-061; 24-06-054; 24-60-186
Name of Training Program: VSFMA Pesticide Recertification Webinar
Date(s) of Attendance: June 3, 2024

This Certification of attendance and participation is witnessed by my signature hereto affixed and I further acknowledge that the use of fraud or misrepresentation in making this Application for Recertification Credit is a violation of Section 3.2-3940.B.8 of the Virginia Pesticide Control Act.

(Signature of Applicator)

(Signature of Course Sponsor)

**Course Sponsors-
Return This Form To:**

Office of Pesticide Services
Virginia Department of Agriculture & Consumer Services
P. O. Box 1163
Richmond, VA 23218-1163