NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
BUREAU OF PEST MANAGEMENT
625 BROADWAY, ALBANY, NEW YORK 12233-7254

Send this original roster to: NYSDEC
Pesticide Reporting & Certification Section
within 10 Days after course completion.
Make a copy for the provider's records.

BE GREEN ORGANIC YARDS NY
CONTINUING EDUCATION COURSE ROSTER
THIS FORM IS NOT FOR PESTICIDE CREDITS

COURSE TITLE:	COURSE PROVIDER:	DATE(S) OF COURSE:
BE GREEN COURSE NUMBER:	LOCATION: (STREET ADDRESS, CITY AND STATE)	

ATTENDEES WILL NOT BE RECOGNIZED FOR ATTENDING IF THE BE GREEN NUMBER IS OMITTED

NOTE: ALL BLANK SPACES MUST BE VOIDED PRIOR TO THE ROSTER BEING SIGNED BY THE COURSE PROVIDER OR REPRESENTATIVE

BE GREEN BUSINESS REPRESENTATIVE ID #	FIRST NAME	MI	LAST NAME	SIGNATURE

I hereby verify by my signature below, that the above Be Green Business Representatives have attended the entire course on the date specified.

Printed Name and Signature of Course Provider or Representative:	Address (Mailing and E-mail) and Telephone Numbers:	Date of this Course: