



NOTE: THIS APPLICATION MUST BE SUBMITTED CV'NGCUV'67'F C[URTKQT'VQ THE COURSE DATE

FOR OFFICE USE ONLY:
APPL # _____ COURSE # _____

PESTICIDE TRAINING COURSE APPLICATION

You will find this application on our website (www.dec.ny.gov/permits/38986.html). Please fill it out completely and email it along with the agenda and other required attachments to: pestcourse@dec.ny.gov

Form with multiple sections: COURSE TITLE, NAME OF FACILITY & FULL ADDRESS WHERE COURSE WILL BE HELD, DATE(S) OFFERED, PRIMARY ORGANIZATION/SPONSOR OFFERING COURSE, COURSE OPEN TO THE PUBLIC?, 30 HOUR ELIGIBILITY?, RECERTIFICATION CREDITS?, CATEGORIES REQUESTED, IS THIS COURSE IDENTICAL TO A COURSE FIRST APPROVED WITHIN THE PAST 3 YEARS?, TARGET AUDIENCE, ANTICIPATED NUMBER OF ATTENDEES, COURSE DURATION, BRIEF DESCRIPTION AND OBJECTIVES, NAME OF INSTRUCTOR(S), CERTIFICATION, NAME & SIGNATURE OF PERSON RESPONSIBLE FOR THIS COURSE, DATE, PRINT NAME, ADDRESS, TELEPHONE NUMBER, AND EMAIL ADDRESS OF SPONSOR'S CONTACT PERSON FOR THIS COURSE.