



INSTRUCTOR APPLICATION AND QUALIFICATIONS FOR PESTICIDE TRAINING

NAME		TELEPHONE NO.
ADDRESS		
EMAIL:		
COURSE TITLE		
SPONSORING ORGANIZATION		
Section 325.18(b) of New York State Department of Environmental Conservation Part 325 Rules & Regulations requires that pesticide training course instructors have appropriate credentials recognized by the Department.		
EDUCATION		
Course of Study (Major)		
School/College/University	Degree Received	Year Received
EQUIVALENT EXPERIENCE		
LIST TRAINING ACTIVITIES COMPLETED IN SUBJECT MATTER		
LIST ACTIVITIES YOU HAVE INSTRUCTED ON THE SUBJECT MATTER		
ARE YOU A CERTIFIED PESTICIDE APPLICATOR? STATE _____ EXP. DATE _____ YES NO # _____ CATEGORIES _____		DID YOU AUTHOR THE COURSE? YES NO
LIST EMPLOYMENT FOR THE LAST THREE YEARS		
All information requested in this application is mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete.		
NAME/SIGNATURE		DATE

PART B