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
BASIC EDUCATION COURSE ROSTER
THIS FORM IS NOT FOR PESTICIDE CREDITS

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

APPLICATORS SEEKING CONTINUING EDUCATION CREDIT SHOULD NOT SIGN THIS ROSTER

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

FIRST NAME	MI	LAST NAME	SIGNATURE	PASS/FAIL

I hereby verify by my signature below, that the above individuals 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 session: