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4-14-2 (11/10)

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

Send this original roster within 21 days after course completion.
Make copy for sponsor's records.

PESTICIDE RECERTIFICATION COURSE ROSTER

COURSE TITLE: SESSION: (Title or Number)	SPONSOR:	DATE(S) OF COURSE:
DEC COURSE NUMBER: (Separate roster for each session required) NY-__ __-__ __ __ __ __	LOCATION: (CITY AND STATE)	

CREDIT WILL NOT BE GIVEN IF THE CERTIFICATION ID NUMBER IS OMITTED

NOTE: ALL BLANK SPACES MUST BE VOIDED BY THE COURSE INSTRUCTOR OR SPONSOR REPRESENTATIVE

CERTIFICATION ID #	FIRST NAME	MI	LAST NAME	ATTENDEE SIGNATURE

I hereby verify by my signature below, that the above certified pesticide applicators/technicians have attended the entire course on the date specified.

Printed Name and Signature of Instructor or Course Sponsor:	Title, Address (Mailing and E-mail) and Telephone Number:	Date of this session: