

New York State Department of Environmental Conservation Bureau of Pest Management Pesticide Reporting & Certification 625 Broadway, Albany, NY 12233-7254 NOTE: THIS APPLICATION
MUST BE SUBMITTED
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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: nestcourse@dec.ny.gov

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COURSE TITLE					NEW YORK COUNTY	
NAME OF FACILITY & FULL ADDRESS WHERE COURSE WILL BE HELD				DATE(S) OFFERED		
PRIMARY ORGANIZATION/SPONSOR OFFERIN	NG COURSE					
	80 HOUR ELIGIBILITY? RECERTIFICATION CREDITS?				CATEGORIES REQUESTED	
IS THIS COURSE <u>IDENTICAL</u> TO A COURSE FIRST APPROVED WITHIN THE PAST 3 YEARS? SEE INSTRUCTIONS ON REVERSE			TARGET AUDIENCE:			
No Yes If Yes, List Course Number: NY AN			ANTICIPAT	ANTICIPATED NUMBER OF ATTENDEES		
YOU MUST ATTACH YOUR COURSE AGENDA. A DETAILED DESCRIPTIO EACH TOPIC/SPEAKER. ALL BREAKS AND MEAL TIMES MUST BE SHOW NAME OF INSTRUCTOR(S): (Complete Instructor Application for each instructor that is not on DEC approved instructor list) 1.						
2.3.	6. 7.					
CERTIFICATION: I agree to ensure that this training credits assigned to this Pesticide Training Course are content. I will notify the Department of all changes to pesticide training course approval is a legal process. I pre-approved, may result in the withdrawal of course pursue further legal remedies.	based on the agenda information a o the attached agenda at least 2 bu Falsification by a course sponsor	and may be adjusted by isiness days prior to dat responsible for the info	Bureau of Pote of course. The of course or mation prover the provention of Potentian prover the Bureau of Potentian provention of Potentian provention pr	est Manageme I understand th ided, and/or fa	ent staff based on actual course nat submitting information for tilure to conduct the training as	
NAME & SIGNATURE OF PERSON RESPONSIBI	<u>LE</u> FOR THIS COURSE:				DATE	
PRINT NAME, ADDRESS, TELEPHONE NUMBE	ER, AND EMAIL ADDRESS OF	SPONSOR'S <u>CONTA</u>	CT PERSON	FOR THIS C	OURSE:	