



Florida Department of Agriculture and Consumer Services
 Division of Agricultural Environmental Services

IDENTIFICATION CARDHOLDER TRAINING VERIFICATION

ADAM H. PUTNAM
 COMMISSIONER

Section 482.091(10), F.S. and Rule 5E-14.1421, F.A.C.
 Telephone: (850) 617-7997; FAX (850) 617-7967

Respond to:
 Bureau of Entomology
 and Pest Control
 1203 Governors Square Blvd,
 Suite 300, GS-46
 Tallahassee, FL 32301-2961

LAST NAME	FIRST	MIDDLE	IDENTIFICATION CARD NUMBER
MAILING ADDRESS		DATE OF BIRTH	4 DIGIT PIN #
CITY	STATE	ZIP CODE	HOME PHONE NUMBER
PEST CONTROL LICENSEE NAME	BUSINESS LICENSE NUMBER		BUSINESS PHONE NUMBER
SEMINAR OR TRAINING PROGRAM NAME		LOCATION OF PROGRAM	
NAME AND ADDRESS OF SPONSORING ORGANIZATION (OR TRAINER IF INHOUSE PROGRAM)			
DATE OF ATTENDANCE	SIGN-IN TIME	X	SIGN-OUT TIME
TRAINING TOPICS COVERED - NOTE -- PROVIDE SPECIFIC SUBJECT MATTERS SUCH AS LABEL SAFETY, INTEGRATED PEST MANAGEMENT AND OTHER TOPICS AS AUTHORIZED BY 482.091(10), F.S.			
I certify, by my signature below, that I personally attended the above training class.		I certify that the above named individual completed the described training class.	
SIGNATURE OF IDENTIFICATION CARDHOLDER		SIGNATURE OF TRAINER	