ADAM H. PUTNAM
COMMISSIONER

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

VERIFICATION RECORD OF INITIAL EMPLOYEE TRAINING

Section 482.091(3), F.S. and Rule 5E-14.1421, F.A.C.
Telephone: (850) 617-7997

Per Chapter 482.091, Florida Statutes, a licensee or certified operator may not assign or use an employee to perform any category of pest control without providing trained supervision unless the employee is trained and qualified in that category of pest control. An employee may not perform, solicit, inspect, or apply pest control without first having been provided at least 5 days (40 hours) of field training in the appropriate category of pest control under the direct supervision, direction, and control of a certified operator. This form must be completed in its entirety to document this initial training. Each trainer shall sign in the box below indicated as "Trainer" for each session for which they have provided training.

Employee Name: _____

Employee Date of Birth: _____ID Card Number: _____ (If not issued, use JB number)

Employee Hire date: _____Expected Job Duties: _____

Licensee Name: _____

Date:	Topic/Subject/Activity:	Sign In Time:	Sign Out Time:
Trainer:			
I.D. Card Number			
Trainer:			
I.D. Card Number			
Date:	Topic/Subject/Activity:	Sign In Time:	Sign Out Time:
Trainer:			
I.D. Card Number			
Trainer:			
I.D. Card Number			
Date:	Topic/Subject/Activity:	Sign In Time:	Sign Out Time:
Trainer:			
I.D. Card Number			
Trainer:			
I.D. Card Number			
Date:	Topic/Subject/Activity:	Sign In Time:	Sign Out Time:
Trainer:			
I.D. Card Number			
Trainer:			
I.D. Card Number			
Date:	Topic/Subject/Activity:	Sign In Time:	Sign Out Time:
Trainer:			
I.D. Card Number			
Trainer:			
I.D. Card Number			

By my signature below, I verify that the above initial training was provided by myself or an approved designated trainer.

_____ _____

Certified Operator in Charge/Approved Designee Date Employee Signature Date

_____

ID Card Number of Signer