



Texas Department of Agriculture
*Individual Request for Pesticide
 Recertification Credit*

PA-410

COMMISSIONER SID MILLER

SECTION A	¹ VERIFICATION INFORMATION		
	Applicator Name		
	TDA Client No.	TDA License No.	Current Phone No. () -

SECTION B	¹ SPONSOR INFORMATION			
	Sponsor Name		<input type="checkbox"/> Agency	<input type="checkbox"/> University
			<input type="checkbox"/> Business	<input type="checkbox"/> Association
	² CONTACT PERSON			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name	M. I.	Last Name
	<input type="checkbox"/> Ms. <input type="checkbox"/> _____			
³ MAILING ADDRESS				
Address				
City		State	Zip	
⁴ CONTACT INFORMATION				
Primary Phone () -		Secondary Phone (optional) () -	Fax (optional) () -	
E-mail				

SECTION C	¹ COURSE INFORMATION		
	Course Name		
	Enter the number of credit approved toward a bachelor's degree	Semester	Quarter
Course Description			

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

Name _____

1 COURSE SCHEDULE		
Dates	Time	Location
/ / month day year	: <input type="checkbox"/> AM <input type="checkbox"/> PM	
/ / month day year	: <input type="checkbox"/> AM <input type="checkbox"/> PM	
/ / month day year	: <input type="checkbox"/> AM <input type="checkbox"/> PM	
/ / month day year	: <input type="checkbox"/> AM <input type="checkbox"/> PM	
/ / month day year	: <input type="checkbox"/> AM <input type="checkbox"/> PM	

1 COURSE TOPICS		Instruction Hours	Demonstration Hours	Proposed Credit	TDA Approval
SECTION E	1. Safety Factors				
	2. Environmental Consequences				
	3. Pest Features				
	4. Business Ethics				
	5. Pesticide Factors				
	6. Equipment Characteristics				
	7. Application Techniques				
	8. Biotechnology/Transgenic Crops				
	9. Total General (add 1-8)				
	10. Integrated Pest Management				
	11. Laws and Regulations				
	12. Label and Labeling Comprehension (L&R)				
	13. Drift Minimization				
	14. Total Credits (add 9-13)				

1 METHOD OF INSTRUCTION (CHECK ALL THAT APPLY)	
SEC. F	<input type="checkbox"/> Lecture <input type="checkbox"/> Slide/Film/Video <input type="checkbox"/> Panel Discussion <input type="checkbox"/> Demonstration
	<input type="checkbox"/> Other (describe) _____

Name _____

SECTION G	¹ INSTRUCTOR NO. 1 INFORMATION			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____	First Name	M. I.	Last Name
	Speaker Topic			Length of Presentation
	² CONTACT INFORMATION			
	Primary Phone () -	Secondary Phone (optional) () -	Fax (optional) () -	

SECTION G (cont.)	¹ INSTRUCTOR NO. 2 INFORMATION			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____	First Name	M. I.	Last Name
	Speaker Topic			Length of Presentation
	² CONTACT INFORMATION			
	Primary Phone () -	Secondary Phone (optional) () -	Fax (optional) () -	

SECTION G (cont.)	¹ INSTRUCTOR NO. 3 INFORMATION			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____	First Name	M. I.	Last Name
	Speaker Topic			Length of Presentation
	² CONTACT INFORMATION			
	Primary Phone () -	Secondary Phone (optional) () -	Fax (optional) () -	

SECTION G (cont.)	¹ INSTRUCTOR NO. 4 INFORMATION			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____	First Name	M. I.	Last Name
	Speaker Topic			Length of Presentation
	² CONTACT INFORMATION			
	Primary Phone () -	Secondary Phone (optional) () -	Fax (optional) () -	

Name _____

SECTION G (cont.)	¹ INSTRUCTOR NO. 5 INFORMATION			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____	First Name	M. I.	Last Name
	Speaker Topic		Length of Presentation	
	² CONTACT INFORMATION			
	Primary Phone () -	Secondary Phone (optional) () -	Fax (optional) () -	

SECTION H	¹ TRAINING VERIFICATION (list means of checking understanding of the materials presented such as quizzes exams or discussion questions)

SECTION I	¹ ADDITIONAL INFORMATION (list all handouts, manuals, examinations to be used during the course presentation. Submit items that will aid in the review and approval of this application)

SECTION J	¹ CHECKLIST
	<p>Please use this checklist to ensure you are sending all of the necessary information and documents.</p> <p><input type="checkbox"/> Complete Pesticide Individual Request for Recertification Credit form</p> <p><input type="checkbox"/> Provide all supporting documentation, including handouts, manuals, examinations</p> <p><input type="checkbox"/> Attach documents for proof of attendance.</p> <p><input type="checkbox"/> Submit all materials within 30 days after completing the course to:</p> <p>Texas Department of Agriculture, Certification and Training Program, P.O. Box 12847, Austin, Texas 78711 or fax to 888-216-9865.</p>