

P.O. Box 12847 Austin, Texas 78711 • (877) 542-2474 • (512) 463-7476 • Hearing impaired: (800) 735-2988 voice • www.TexasAgriculture.gov

Texas Department of Agriculture Individual Request for Pesticide

Recertification Credit

PA-410

COMMISSIONER SID MILLER

	¹ VEDIEICATION INFORMATION								
N N	¹ VERIFICATION INFORMATION								
SECTION	Applicator Name								
\mathbf{CT}									
SE	TDA Client No.	TDA License	e No. Curr			rrent Phone No.			
					() -			
	¹ SPONSOR INFORMATION								
	Sponsor Name								
	Business Association								
	² CONTACT PERSON								
	Mr. Mrs. First Name		M. I.	Last Name					
-	Ms								
Z	³ MAILING ADDRESS								
SECTION B	Address								
CT									
SE	City			State	Zip				
			ľ						
	⁴ CONTACT INFORMATION								
	Primary Phone			ondary Phone (op	tional)	Fax (optional)			
	· · · · · · · · · · · · · · · · · · ·) -	,	() -			
	E-mail								
	¹ COURSE INFORMATION								
	Course Name								
U Z									
SECTION	Enter the number of credit approved toward a bachelor's degree Semester Quarter								
5	Course Description								
SE	Course Description								
1									

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

ates	Time				¹ COURSE SCHEDULE								
			Location										
/ /	:	AM PM											
onth day year													
/ /	:	AM PM											
ionun day year													
/ /	:	AM PM											
ionini day year													
/ / /	:	AM PM											
onth day year	•												
COURSE TODICS		Tur struct on	Demenstration	Duonogod									
COURSE TOPICS		Hours	Hours	Credit	TDA Approval								
Safety Factors													
2. Environmental Consequences													
3. Pest Features													
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													
1. Laws and Regulations													
2. Label and Labeling													
• • •													
I. Total Credits (add 9-13	3)												
¹ METHOD OF INSTRUCTION (CHECK ALL THAT APPLY)													
LectureSlide/Film/VideoPanel DiscussionDemonstration													
Uther (describe)													
	onth day year / / / onth day year COURSE TOPICS Safety Factors Environmental Conseque Pest Features Business Ethics Pesticide Factors Equipment Characteristic Application Techniques Biotechnology/Transgeni Total General (add 1-8) . Integrated Pes	onth day year / / : onth day year Safety Factors E Environmental Consequences Pest Pest Features Business Ethics Pesticide Factors E Equipment Characteristics Application Techniques Biotechnology/Transgenic Crops Total General (add 1-8) . Label and Labeling Comprehension (L&R) . Drift Minimization . Total Credits (add	onth day year / / / / / / onth day year	onth day year	onth day year / / : \AM PM mh day year								

Name _____

	¹ INSTRUCTOR NO. 1 INFORMATION								
SECTION G	Mr. Mrs. Mrs.	First Name			Las	ast Name			
	Speaker Topic					Length of Presentation			
SF	² CONTACT INFORMATION								
	Primary Phone	Secondary Phone (optional) Fax (optional)							
	() -	()	-	() -					
	¹ INSTRUCTOR NO. 2 INFORMATION								
G (cont.)	Mr. Mrs.	First Name			Las	st Nam	e		
SECTION G	Speaker Topic	<u> </u>			Length of Presentation				
CT	² CONTACT INFORMATION								
SE	Primary Phone	Secondary	Phone (o	ption	al)	Fax (optional)			
	() -	()	-		() -				
	¹ INSTRUCTOR NO. 3 INFORMATION								
	¹ INSTRUCTOR NO	D. 3 INFORMATION							
r (cont.)	¹ INSTRUCTOR NO Mr. Mrs. Ms.	D. 3 INFORMATION First Name		M. I.	Las	st Nam	e		
ION G (cont.)	Mr. Mrs.			M. I.			e h of Presentation		
	Mr. Mrs. Mrs.	First Name		M. I.					
SECTION G (cont.)	Mr. Mrs. Mrs. Ms Speaker Topic ² CONTACT INFO Primary Phone	First Name	Secondary	Phone (o	ption	Lengtl al)	h of Presentation Fax (optional)		
	Mr. Mrs. Mrs. Ms. Speaker Topic ² CONTACT INFO	First Name	Secondary ()	Phone (o	ption	Lengtl al)	h of Presentation		
SECTION	Mr. Mrs. Mrs. Ms Speaker Topic CONTACT INFO Primary Phone () -	First Name	-	Phone (o	ption	Lengtl al)	h of Presentation Fax (optional)		
SECTION	Mr. Mrs. Mrs. Ms Speaker Topic CONTACT INFO Primary Phone () -	First Name RMATION D. 4 INFORMATION	-	Phone (o	ption	Lengtl al)	h of Presentation Fax (optional) () -		
G (cont.) SECTION	Mr. Mrs. Mrs. Ms Speaker Topic CONTACT INFO Primary Phone (First Name RMATION D. 4 INFORMATION	-	Phone (o	ption	Lengtl al) st Name	h of Presentation Fax (optional) () -		
G (cont.) SECTION	Mr. Mrs. Ms. Mrs. Ms. Mrs. Speaker Topic CONTACT INFO Primary Phone () - INSTRUCTOR NO Mr. Mrs. Ms	First Name RMATION D. 4 INFORMATION First Name	-	Phone (o	ption	Lengtl al) st Name	h of Presentation Fax (optional) () -		
SECTION	Mr. Mrs. Ms	First Name RMATION D. 4 INFORMATION First Name	-	Phone (o	ption	Lengtl al) st Nam	h of Presentation Fax (optional) () -		

Name _____

	→ ¹ INSTRUCTOR NO. 5 INFORMATION								
(cont.)	Mr. Mrs. First Name Ms.		M. I. Last Name			3			
SECTION G					resentation				
5 ² CONTACT INFORMATION									
SE	Primary Phone	Secondary	Phone (o	ptional) Fax	(optional)			
	() -	()	-	•	() -			
¹ TRAINING VERIFICATION (list means of checking understanding of the materials presented such quizzes exams or discussion questions)									
ΗN									
SECTION									
SEC									
	-								
	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)								
	presentation, submit items that will are in the revis	en und uppi		ing up	pilcution)				
I									
SECTION									
SECI									
	¹ CHECKLIST								
l J	Please use this checklist to ensure you are sending all \Box		-	rmatior	n and docu	ments.			
SECTION	 Complete Pesticide Individual Request for Recertification Credit form Provide all supporting documentation, including handouts, manuals, examinations 								
CT	Attach documents for proof of attendance.	andouts, mai	iuais, exc	ammati	10115				
SE	Submit all materials within 30 days after completing the course to:								
Texas Department of Agriculture, Certification and Training Program, P.O. Box 12847, Austin, Texas									
1	or fax to 888-216-9865.	_							