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## Texas Department of Agriculture Supplement to Pesticide CEU Recertification Sponsorship

**PA-409S** 

COMMISSIONER SID MILLER

A	<sup>1</sup> VERIFICATION INFORMATION							
SEC.	Course Provider Name				TDA Client No.			
	¹ COURSE SITE AND DATE							
	Course Location or web address if online			Address of Training				
	City of Training	State of Training	g Zij	p Code of Trainin	ng County of Training			
	Date MM/DD/YYYY	Time :	_	AM PM	Expected No. of Participants			
	3. Course Location or web address if only	ine	Address of Training					
ION B	City of Training	State of Training	g Zij	p Code of Trainin	ng County of Training			
	Date MM/DD/YYYY	Time :	_	AM PM	Expected No. of Participants			
SECTION B	4. Course Location or web address if online			Address of Training				
	City of Training	State of Training	g Zij	p Code of Trainin	ng County of Training			
	Date MM/DD/YYYY	Time :	_	AM PM	Expected No. of Participants			
	5. Course Location or web address if online			Address of Training				
	City of Training	State of Training	g Zij	p Code of Trainin	ng County of Training			
	Date MM/DD/YYYY	Time :		AM PM	Expected No. of Participants			

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.)

	<sup>1</sup> INSTRUCTOR NO. 6 INFORMATION (CONTINUED FROM FORM PA-409)									
<b>7</b> \	☐ Mr. ☐ Mrs. ☐ Ms. ☐	First Name		M. I.	Last Name					
TONC	Presentation Title			1		Length of Presentation HH:MM				
SECTION	Description of Presentation Content/Course Outline									
	<sup>2</sup> CONTACT INFO	RMATION								
	Primary Phone		Secondary Phone (optional)			Fax (optional)				
	( ) -		( )	-		( )	-			
	<sup>1</sup> INSTRUCTOR NO. 7 INFORMATION									
nued)	☐ Mr. ☐ Mrs. ☐ Ms. ☐	First Name		M. I.	Last Name					
(continued)	Presentation Title						Length of Presentation HH:MM			
SECTION C	Description of Presentation Content/Course Outline									
$\overline{\mathbf{CT}}$	<sup>2</sup> CONTACT INFORMATION									
SE	Primary Phone		Secondary Phone (optional)			Fax (optional)				
	<sup>1</sup> INSTRUCTOR NO. 8 INFORMATION									
	210120101110	1	011	l e	T					
nued)	☐ Mr. ☐ Mrs. ☐ Ms. ☐	First Name	011	M. I.	Last Name					
(continued)	Mr. Mrs.	1	011	M. I.	Last Name		Length of Presentation HH:MM			
	☐ Mr. ☐ Mrs. ☐ Ms. ☐	First Name		M. I.	Last Name					
TON C	Mr. Mrs. Ms. Presentation Title  Description of Preser	First Name		M. I.	Last Name					
	Mr. Mrs. Ms. Presentation Title  Description of Preser	First Name				Fax (op	HH:MM			
TON C	Mr. Mrs. Ms. Presentation Title  Description of Preser	First Name	urse Outline			Fax (op	HH:MM			
TON C	Mr. Mrs. Ms. Presentation Title  Description of Preser	First Name  ntation Content/Cou	Secondary			Fax (op	HH:MM			
SECTION C	Mr. Mrs. Ms. Description of Preservation Title  Description of Preservation Primary Phone  ( ) -	First Name  ntation Content/Cou	Secondary			Fax (op	HH:MM			
SECTION C	Mr. Mrs. Ms. Description of Preservation Title  Description of Preservation Primary Phone  ( ) -	First Name  Attation Content/Cou  RMATION  D. 9 INFORMATI	Secondary	Phone (c	optional)	Fax (op	HH:MM			
SECTION C	Mr. Mrs. Ms. Description of Preservation Title  Description of Preservation Primary Phone  ( ) -	First Name  Attation Content/Cou  RMATION  D. 9 INFORMATI  First Name	Secondary ( )	Phone (c	optional)	Fax (op	tional) - Length of Presentation			
CTION C (continued) SECTION C	Mr. Mrs. Ms. Description of Preservation Title  Description of Preservation Primary Phone  ( ) -	First Name  Atation Content/Cou  RMATION  D. 9 INFORMATI  First Name	Secondary ( )	Phone (c	optional)	Fax (op	tional) - Length of Presentation			
SECTION C	Mr. Mrs. Ms. Description of Preservation Title  Description of Preservation Primary Phone  ( ) -	First Name  Atation Content/Cou  RMATION  D. 9 INFORMATI  First Name	Secondary ( )	Phone (c	optional)  Last Name	Fax (op	tional)  -  Length of Presentation HH:MM			