



Texas Department of Agriculture

PA-409S

Supplement to Pesticide CEU Recertification Sponsorship

COMMISSIONER SID MILLER

SEC. A	1 VERIFICATION INFORMATION	
	Course Provider Name	TDA Client No. or Course No.

SECTION B	1 COURSE SITE AND DATE			
	2. Course Location or web address if online		Address of Training	
	City of Training	State of Training	Zip Code of Training	County of Training
	Date of Training	Start Time: <input type="checkbox"/> AM <input type="checkbox"/> PM		
	3. Course Location or web address if online		Address of Training	
	City of Training	State of Training	Zip Code of Training	County of Training
	Date of Training	Start Time: <input type="checkbox"/> AM <input type="checkbox"/> PM		
	4. Course Location or web address if online		Address of Training	
	City of Training	State of Training	Zip Code of Training	County of Training
	Date of Training	Start Time: <input type="checkbox"/> AM <input type="checkbox"/> PM		
	5. Course Location or web address if online		Address of Training	
	City of Training	State of Training	Zip Code of Training	County of Training
	Date of Training	Start Time: <input type="checkbox"/> AM <input type="checkbox"/> PM		

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.)

SECTION C	¹ COURSE NO. 6 INFORMATION (CONTINUED FROM FORM PA-409)			
	CEU Unit Requested	First Name	M.I.	Last Name
	Presentation Title			Length of Presentation
	Description of Presentation Content/Course Outline			
	Email			
	² COURSE NO. 7 INFORMATION			
	CEU Unit Requested	First Name	M.I.	Last Name
	Presentation Title			Length of Presentation
	Description of Presentation Content/Course Outline			
	Email			
	³ COURSE NO. 8 INFORMATION			
	CEU Unit Requested	First Name	M.I.	Last Name
	Presentation Title			Length of Presentation
	Description of Presentation Content/Course Outline			
	Email			
	⁴ COURSE NO. 9 INFORMATION			
	CEU Unit Requested	First Name	M.I.	Last Name
	Presentation Title			Length of Presentation
	Description of Presentation Content/Course Outline			
	Email			