



Texas Department of Agriculture
Pesticide Continuing Education Course
Recertification Sponsorship

PA-409

COMMISSIONER SID MILLER

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| SECTION A | ¹ TYPE OF APPLICATION | | |
| | <input type="checkbox"/> New Agricultural CEU Application | | If there are any questions about the PA-409 or what is required for CEU approval, please refer to the Texas Pesticide Recertification Course Accreditation Guide. |
| | <input type="checkbox"/> New Structural CEU Application | | |
| | <input type="checkbox"/> Renewal Application for Agricultural Course No. _____ | | |
| | <input type="checkbox"/> Renewal Application for Structural Course No. _____ | | |

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| SECTION B | ¹ SPONSOR INFORMATION | | | |
| | Course Provider Name | | <input type="checkbox"/> Government <input type="checkbox"/> Business | <input type="checkbox"/> Organization <input type="checkbox"/> University/County Extension |
| | Course/Event Name | | | |
| | Client Number | | Tax ID Number | |
| | ² CONTACT PERSON | | | |
| | First Name | | M.I. | Last Name |
| | ³ MAILING ADDRESS | | | |
| | Address | | | |
| | City | | State | Zip |
| | ⁴ CONTACT INFORMATION | | | |
| Primary Phone | | Secondary Phone (optional) | | |
| Email | | Would you prefer to be contacted by e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No | Okay to post your e-mail address on TDA website? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| SECTION C | ¹ COURSE INFORMATION | | |
| | Will this course be open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | If yes, name of person to contact for more information: _____ | | |
| | Phone number for more information: _____ | | |
| | Will a fee be charged? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| <u>Will this course be:</u> | | | |
| Onsite: <input type="checkbox"/> One Location <input type="checkbox"/> Multiple Locations <input type="checkbox"/> Webinar | | | |
| <u>OR</u> | | | |
| Self-Study: <input type="checkbox"/> Online <input type="checkbox"/> Correspondance | | | |

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| SECTION C (cont.) | ² COURSE SITE AND DATE | | | |
| | 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 | | |
| | To document additional instructors, course sites and dates, use supplemental form PA-409S. | | | |

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| SECTION D | ¹ COURSE TOPICS FOR AGRICULTURAL CEUS | Requested Credit | Presentation Title(s) |
| | General | | |
| | Integrated Pest Management | | |
| | Laws and Regulations (including Label/Labeling comprehension) | | |
| | Drift Minimization | | |
| | Human Safety Factors (Aerial Applicators Only) | | |
| | Total | | |

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| SECTION E | ¹ COURSE TOPICS FOR STRUCTURAL CEUS | Requested Credit | Presentation Title(s) |
| | General – Laws & Regulations | | |
| | General – Pesticide Safety | | |
| | General – Environmental Protection | | |
| | General – Integrated Pest Management | | |
| | General – Other | | |
| | Pest Control | | |
| | Termite Control | | |
| | Lawn/Ornamental Insect Control | | |
| | Commodity Fumigation | | |
| | Structural Fumigation | | |
| | Weed Control | | |
| | Wood Preservation | | |
| Total | | | |

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

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| SECTION G | ¹ COURSE NO. 1 INFORMATION | | | |
| | CEU Unit Requested | First Name | M.I. | Last Name |
| | Presentation Title | | | Length of Presentation |
| | Description of Presentation Content/Course Outline | | | |
| | Email | | | |
| | ² COURSE NO. 2 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. 3 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. 4 INFORMATION | | | |
| | CEU Unit Requested | First Name | M.I. | Last Name |
| | Presentation Title | | | Length of Presentation |
| | Description of Presentation Content/Course Outline | | | |
| | Email | | | |

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| SECTION G (cont.) | ⁵ COURSE NO. 5 INFORMATION | | | |
| | CEU Unit Requested | First Name | M.I. | Last Name |
| | Presentation Title | | | Length of Presentation |
| | Description of Presentation Content/Course Outline | | | |
| | Email | | | |
| To document additional instructors, use supplemental form PA-409s | | | | |

ATTACH AN AGENDA FOR THE COURSE TO THIS FORM

Include Start and End Times of Presentations and Breaks

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| SECTION H | ¹ SIGNATURE | |
| | I hereby certify ability to comply with any applicable federal and state laws, including the Americans with Disabilities Act (ADA) requirements for access to activities. | |
| | Applicant Name (print) | Title |
| | Applicant Signature | Date |

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| SECTION I | ¹ CHECKLIST |
| | <p>Please use this checklist to ensure you are sending all the necessary information and documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete Pesticide CEU Recertification Sponsorship form – PA-409 <input type="checkbox"/> Include a description of presentation content or course outline <input type="checkbox"/> Attach an agenda for the course – include start and end time of presentations and breaks <input type="checkbox"/> Attach Speaker Qualification Form (SPC-409) – *Only required for structural CEU courses* <input type="checkbox"/> Submit at least 30 days prior to the first date of the course to: <ul style="list-style-type: none"> • For Agricultural CEU credit: recertcourses@TexasAgriculture.gov, Texas Department of Agriculture, Training and Certification Program, P.O. Box 12847, Austin, Texas 78711, or fax 888-216-9865. • For Structural or SPCS CEU credit: SPCS@TexasAgriculture.gov, Texas Department of Agriculture Structural Pest Control Service, P.O. Box 12847, Austin, TX 78711, or fax 888-232-2567. |

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.)