



P.O. Box 12847 Austin, Texas 78711 ♦ ♦ (512) 463-7476 ♦
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 www.TexasAgriculture.gov

Texas Department of Agriculture
Pesticide Continuing Education Course
Recertification Sponsorship

PA-409

COMMISSIONER SID MILLER

SECTION A	1 TYPE OF APPLICATION	
	<input type="checkbox"/> New Agricultural CEU Application	<u>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.</u>
	<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.		

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

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 \$ Amount <input type="checkbox"/> No	
SECTION C	Will this course be :	
	Onsite: <input type="checkbox"/> One Location <input type="checkbox"/> Multiple Locations <input type="checkbox"/> Webinar	
	Self Study: <input type="checkbox"/> Online <input type="checkbox"/> Correspondence	

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 _____

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 MM/DD/YYYY	Time : <input type="checkbox"/> AM <input type="checkbox"/> PM	Expected No. of participants	
To document additional instructors, course sites and dates, use supplemental form PA-409S.				

SECTION D	¹ COURSE TOPICS FOR AGRICULTURAL CEUS	Instruction Hours	Demonstration Hours	Proposed Credit	TDA Approval
	General				
	Integrated Pest Management				
	Laws and Regulations (including Label/Labeling comprehension)				
	Drift Minimization				
	Human Safety Factors (Aerial Applicators Only)				
	Total Credits				

SECTION E	¹ COURSE TOPICS FOR STRUCTURAL CEUS	Instruction Hours	Demonstration Hours	Proposed Credit	TDA Approval
	General Standard Courses (including but not limited to Laws and Regulations, Safety and Integrated Pest Management)				
	Pest Control				
	Termite Control				
	Lawn/Ornamental Insect Control				
	Commodity Fumigation				
	Structural Fumigation				
	Weed Control				
	Wood Preservation				
	Total Credits				

SECTION 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) _____			

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
	Presentation Title			Length of Presentation HH:MM
	Description of Presentation Content/Course Outline			
	1 CONTACT INFORMATION			
	Primary Phone () -		Secondary Phone (optional) () -	Fax (optional) () -
	2 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
	Presentation Title			Length of Presentation HH:MM
	Description of Presentation Content/Course Outline			
	2 CONTACT INFORMATION			
	Primary Phone () -		Secondary Phone (optional) () -	Fax (optional) () -
	3 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
	Presentation Title			Length of Presentation HH:MM
	Description of Presentation Content/Course Outline			
3 CONTACT INFORMATION				
Primary Phone () -		Secondary Phone (optional) () -	Fax (optional) () -	
4 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	
Presentation Title			Length of Presentation HH:MM	
Description of Presentation Content/Course Online				
4 CONTACT INFORMATION				
Primary Phone () -		Secondary Phone (optional) () -	Fax (optional) () -	

Name _____

SECTION G (cont.)	⁵ 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
	Presentation Title			Length of Presentation HH:MM
	Description of Presentation Content/Course Online			
	⁵ CONTACT INFORMATION			
Primary Phone () -		Secondary Phone (optional) () -	Fax (optional) () -	
To document additional instructors, use supplemental form.				

ATTACH AN AGENDA FOR THE COURSE TO THIS FORM
Include Start and End Times of Presentations and Breaks

SECTION I	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 MM/DD/YYYY

SECTION J	¹ CHECKLIST
	<p>Please use this checklist to ensure you are sending all of 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: recertcourses@TexasAgriculture.gov, Texas Department of Agriculture, Training and Certification Program, P.O. Box 12847, Austin, Texas 78711 or fax to: 888-216-9865.