



Florida Department of Agriculture and Consumer Services
 Division of Agricultural Environmental Services

IDENTIFICATION CARDHOLDER TRAINING VERIFICATION

Respond to:
 Bureau of Inspection and
 Incident Response
 3125 Conner Blvd., Suite N,
 Tallahassee, FL 32399-1650

**WILTON SIMPSON
 COMMISSIONER**

Section 482.091(10), F.S. and Rule 5E-14.1421, F.A.C.
 Telephone: (850) 617-7997; FAX (850) 617-7967

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|---|-------------------------|---|----------------------------|
| | | | |
| LAST NAME | FIRST | MIDDLE | IDENTIFICATION CARD NUMBER |
| | | | |
| MAILING ADDRESS | | DATE OF BIRTH | 4 DIGIT PIN # |
| | | | |
| CITY | STATE | ZIP CODE | HOME PHONE NUMBER |
| | | | |
| PEST CONTROL LICENSEE NAME | BUSINESS LICENSE NUMBER | | BUSINESS PHONE NUMBER |
| | | | |
| SEMINAR OR TRAINING PROGRAM NAME | | LOCATION OF PROGRAM | |
| | | | |
| NAME AND ADDRESS OF SPONSORING ORGANIZATION (OR TRAINER IF INHOUSE PROGRAM) | | | |
| | | | |
| DATE OF ATTENDANCE | SIGN-IN TIME | X | SIGN-OUT TIME |
| | | | |
| TRAINING TOPICS COVERED - NOTE -- PROVIDE SPECIFIC SUBJECT MATTERS SUCH AS LABEL SAFETY, INTEGRATED PEST MANAGEMENT AND OTHER TOPICS AS AUTHORIZED BY 482.091(10), F.S. | | | |
| I certify, by my signature below, that I personally attended the above training class. | | I certify that the above named individual completed the described training class. | |
| | | | |
| SIGNATURE OF IDENTIFICATION CARDHOLDER | | SIGNATURE OF TRAINER | |
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