



Structural Pest Section

19 Martin Luther King, Jr. Dr.

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APPLICATION FOR RECERTIFICATION/REREGISTRATION TRAINING COURSE APPROVAL

DATE: _____

Course Type:

_____ Traditional Face to Face/Conference/Live Interactive Distance Learning (Webinar)

_____ Computer Based Training/Prerecorded Webinar/Correspondence Course

REQUEST FOR: __ RECERTIFICATION CREDIT

__ REREGISTRATION CREDIT

COURSE TITLE: _____

INSTRUCTOR(S): _____

REQUESTED NUMBER OF CREDIT HOURS BY CATEGORY:

Household Pest Control

Wood-destroying Organism

Fumigation

HPC _____

WDO: _____

FUM _____

PREVIOUSLY APPROVED: __ YES __ NO PREVIOUS COURSE NUMBER: _____

MEETING DATE(S): _____

LOCATION(S): _____

Send Response To:

NAME _____

ORGANIZATION _____

ADDRESS _____

TELEPHONE _____ FAX _____

E-MAIL _____

INTERNET ADDRESS _____

Upon Consideration and approval by the Georgia Structural Pest Control Commission, notification will be mailed to you with assigned numbers.

Mail To: Georgia Structural Pest Control Commission
19 Martin Luther King, Jr. Drive, Room 411
Atlanta, GA 30334-4201