



Gary W. Black, Commissioner

Georgia Department of Agriculture Certified Animal Feeding Operator/Planner Continuing Education Record

Name _____ Certificate Number _____

Address _____

City _____ County _____ State _____ Zip Code _____

Email Address _____

I hereby submit the following for Continuing Education credit(s) toward my Animal Feeding Operator Certification:

SUBJECT/TITLE	MAIN INSTRUCTOR	EVENT AND LOCATION	DATE	LENGTH (IN HOURS)
1.				
2.				
3.				
4.				
5.				
6.				

If subject has not been pre-approved, please provide a brief description of the subject on the back of this form.

Type Certification: Swine Dairy Commercial Layer Certified Planner

I certify that this is a true and accurate record of my Continuing Education.

Certified Animal Feeding Operator
(Signature)

Date

Georgia Department of Agriculture Use Only		
CE Pre-approved: <input type="checkbox"/> yes <input type="checkbox"/> no		
CE Reviewed and Approved by: _____	Title: _____	Date: _____

Mail this completed form to:
Georgia Department of Agriculture
Room 108 - CAFO
19 Martin Luther King Jr Drive SW
Atlanta, Georgia 30334
Phone: (404) 656 – 3665