



Georgia Department of Agriculture

Martin Luther King, Jr., Drive
Atlanta, Georgia 30334-4201

Telephone: (404) 656-4958
Facsimile: (404) 657-8378

APPLICATION FOR COMMERCIAL APPLICATOR RECERTIFICATION TRAINING COURSE APPROVAL

DATE: _____

Course Type:

- Traditional Face to Face/Conference/Live Interactive Distance Learning (Webinar)
 Computer Based Training/Prerecorded Webinar/Correspondence Course

COURSE TITLE: _____

INSTRUCTOR(S): _____

REQUESTED NUMBER OF CREDIT HOURS BY
CATEGORY:

Private Agricultural Plant Animal Agricultural Forestry Ornamental & Turf
Seed Treatment Aquatic Right of Way Public Health Regulatory
Industrial, Inst, Struct & Health Related Wood Treatment Antimicrobial
Ag. Commodity Fumigation Antifoulant Paints Mosquito Control

PREVIOUSLY APPROVED: YES NO PREVIOUS COURSE NUMBER: _____

MEETING DATE(S): _____

MEETING TIME(S) _____

LOCATION(S): _____

Send Response To:

NAME _____

ORGANIZATION _____

ADDRESS _____

TELEPHONE _____ FAX _____

E-MAIL _____

INTERNET ADDRESS _____

Upon consideration and approval by the Georgia Department of Agriculture, notification will be mailed/emailed to you with assigned categories.

Mail To: Georgia Department of Agriculture
Attention: Pesticide Section
19 Martin Luther King, Jr. Drive, Room 410
Atlanta, GA 30334-4201

Email To: AgPest@agr.georgia.gov



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Recertification Training Outline

(This outline format can be altered to meet specific needs of the course provided. This is **NOT** a required format)

Course Date:

Course Name:

Credit Hour(s) Requested:

Content:

- | | |
|---|----------|
| I. Topic | Minutes: |
| • Brief description of material to be covered | |
| II. Topic | Minutes: |
| • Brief description of material to be covered | |
| III. Topic | Minutes: |
| • Brief description of material to be covered | |
| IV. Topic | Minutes: |
| • Brief description of material to be covered | |
| V. Topic | Minutes: |
| • Brief description of material to be covered | |

Total Minutes: