

Structural Pest Training Course Verification Form

Date: _____ Sponsor: _____ Number of Attendees: _____

Course Name: _____ Course Number: _____

Instructor Name: _____ Category/Credit: _____ / _____

Attendee Name (Please Print)	Certification/Registration Number	Signature Sign In	Signature Sign Out
1			
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Submit form via email to: Pest@agr.georgia.gov or by post to : Structural Pest Division – Room 411,
Georgia Department of Agriculture, 19 Martin Luther King Jr. Drive, Atlanta, GA 30334