Ohio Department of Agriculture
Request for Pesticide Applicator Recertification Credits

This form is ONLY for OSU Extension private applicator training.

Contact Person: _____

County: _____

Address: _____

City: _____ State:_____ Zip:_____

Phone: _____
Estimated number of Attendees: _____

Please provide the complete location name and address of the program.

Meeting Date: _____

Beginning Time: _____

Location Name: _____

Location Address: _____

City: _____ State:_____ Zip:_____

Send completed form to:
Diana Roll, Pesticide Regulation, Ohio Dept. of Agriculture
8995 E. Main St., Reynoldsburg, OH 43068
Fax: (614) 728-4235
E-mail: roll@mail.agri.state.oh.us

3 Hour Standard Program *(Core + 4 categories)*

Category	Start Time	End Time
Core		

Additional Categories

Category	Start Time	End Time