Florida Department of Agriculture and Consumer Services
Division of Agricultural Environmental Services

**WILTON SIMPSON**
**COMMISSIONER**

# VERIFICATION RECORD OF INITIAL EMPLOYEE TRAINING

Section 482.091(3), F.S. and Rule 5E-14.1421, F.A.C.
Telephone: (850) 617-7996

**Respond to:**
Bureau of Licensing and Enforcement
3125 Conner Blvd,. Bldg. 8,
Tallahassee, FL 32399-1650

Per Chapter 482.091, Florida Statutes, a licensee or certified operator may not assign or use an employee to perform any category of pest control without providing trained supervision unless the employee is trained and qualified in that category of pest control. An employee may not perform, solicit, inspect, or apply pest control without first having been provided at least 5 days (40 hours) of field training in the appropriate category of pest control under the direct supervision, direction, and control of a certified operator. This form must be completed in its entirety to document this initial training. Each trainer shall sign in the box below indicated as "Trainer" for each session for which they have provided training. **NOTE: Training for employees whose job duties include fumigation sales must indicate at least two hours of training in: contract regulations, fumigant fact sheet information, consumer preparation requirements, fumigant and warning agent properties including health risks, use of secondary locks, signage, re-entry notices, key/access provisions, subcontracting procedures, safety precautions, measuring the structures, and proper clearance testing.**

Employee Name: _____

Employee Date of Birth: _____ID Card Number: _____ (If not issued, use JB number)

Employee Hire date: _____Expected Job Duties: _____

Licensee Name: _____

| Date: | Topic/Subject/Activity: | Sign In Time: | Sign Out Time: |
|---|---|---|---|
| Trainer: | | | |
| I.D. Card Number | | | |
| Trainer: | | | |
| I.D. Card Number | | | |
| Date: | Topic/Subject/Activity: | Sign In Time: | Sign Out Time: |
| Trainer: | | | |
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| I.D. Card Number | | | |
| Date: | Topic/Subject/Activity: | Sign In Time: | Sign Out Time: |
| Trainer: | | | |
| I.D. Card Number | | | |
| Trainer: | | | |
| I.D. Card Number | | | |

By my signature below, I verify that the above initial training was provided by myself or an approved designated trainer.

_____ _____
Certified Operator in Charge/Approved Designee Date Employee Signature Date

_____
ID Card Number of Signer