



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

**IDENTIFICATION CARDHOLDER TRAINING VERIFICATION**

**Respond to:**  
 Bureau of Inspection and  
 Incident Response  
 3125 Conner Blvd, Suite N,  
 Tallahassee, FL 32399-1650

**ADAM H. PUTNAM**  
 COMMISSIONER

Section 482.091(10), F.S. and Rule 5E-14.1421, F.A.C.  
 Telephone: (850) 617-7997; FAX (850) 617-7967

LAST NAME	FIRST	MIDDLE	IDENTIFICATION CARD NUMBER
MAILING ADDRESS		DATE OF BIRTH	4 DIGIT PIN #
CITY	STATE	ZIP CODE	HOME PHONE NUMBER
PEST CONTROL LICENSEE NAME	BUSINESS LICENSE NUMBER		BUSINESS PHONE NUMBER
SEMINAR OR TRAINING PROGRAM NAME		LOCATION OF PROGRAM	
NAME AND ADDRESS OF SPONSORING ORGANIZATION (OR TRAINER IF INHOUSE PROGRAM)			
DATE OF ATTENDANCE	SIGN-IN TIME	<input checked="" type="checkbox"/>	SIGN-OUT TIME
TRAINING TOPICS COVERED - NOTE -- PROVIDE SPECIFIC SUBJECT MATTERS SUCH AS LABEL SAFETY, INTEGRATED PEST MANAGEMENT AND OTHER TOPICS AS AUTHORIZED BY 482.091(10), F.S.			
I certify, by my signature below, that I personally attended the above training class.		I certify that the above named individual completed the described training class.	
SIGNATURE OF IDENTIFICATION CARDHOLDER		SIGNATURE OF TRAINER	