

Georgia Department of Agriculture

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APPLICATION FOR RECERTIFICATION/REREGISTRATION TRAINING COURSE APPROVAL

DATE: _____

REQUEST FOR: ___ RECERTIFICATION CREDIT
 ___ REREGISTRATION CREDIT

COURSE TITLE: _____

INSTRUCTOR(S): _____

REQUESTED NUMBER OF CREDIT HOURS BY CATEGORY:

<u>Household Pest Control</u>	<u>Wood-destroying Organism</u>	<u>Fumigation</u>
HPC _____	WDO: _____	FUM _____

PREVIOUSLY APPROVED: ___ YES ___ NO PREVIOUS COURSE NUMBER: _____

MEETING DATE(S): _____

LOCATION(S): _____

Send Response To:

NAME _____

ORGANIZATION _____

ADDRESS _____

TELEPHONE _____ FAX _____

E-MAIL _____

INTERNET ADDRESS _____

Upon Consideration and approval by the Georgia Structural Pest Control Commission, notification will be mailed to you with assigned numbers.

Mail To: Georgia Structural Pest Control Commission
 Attention: Tim Taylor
 19 Martin Luther King, Jr. Drive, Room 411
 Atlanta, GA 30334-4201

Note: Integrated Pest Management(IPM) and Preconstruction Treatment(PTX) are subcategories of HPC and WDO
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