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:

<table>
<thead>
<tr>
<th>Household Pest Control</th>
<th>Wood-destroying Organism</th>
<th>Fumigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPC _____</td>
<td>WDO: ______</td>
<td>FUM _____</td>
</tr>
</tbody>
</table>

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
SPS-13-16 Revised May 2014