



## Application for Structural Pest Control Commission Approved Instructor

To be considered, the applicant must provide the Commission with evidence of their qualifications to meet one of the following categories. Evidence required will be based on the selected category.

Please **check the one category** that best describes your qualifications:

- I. **PhD.** in Education or Entomology or related science from a recognized college or university.
- II. **Education & Experience** A degree from a recognized college or university with advanced training in Entomology, Sanitary, Education, Law or Public Health and **two** of the following:
  - a. Experience conducting ongoing training within the last two years or successful completion of an approved train-the-trainer program.
  - b. Five years of experience as a pest control operator certified in a category related to the subject being presented.
  - c. One year of experience in one or more of the following:
    - i. Research in the field of pest control under the supervision of a university or government agency.
    - ii. Legal experience in matters related to structural pest control
    - iii. Regulatory affairs in the field of structural pest control
- III. **Extensive Experience** (a, b & c)
  - a. Experience conducting ongoing training within the last two years or successful completion of an approved train-the-trainer program.
  - b. Five years of experience as a pest control operator certified in a category related to the subject being presented.
  - c. One year of experience in one or more of the following:
    - i. Research in the field of pest control under the supervision of a university or government agency.
    - ii. Legal experience in matters related to structural pest control
    - iii. Regulatory affairs in the field of structural pest control
- IV. **Training & Pesticide Industry Experience** (a & b)
  - a. Experience conducting ongoing training within the last two years or successful completion of an approved train-the-trainer program
  - b. Current employment with a registrant or distributor of pesticides used in the pest control industry for the last two years
- V. **Training & Practical** (a & b)
  - a. Two years of work experience with primary responsibility conducting training in the pest control industry or successful completion of an approved train-the-trainer program.
  - b. Practical training program to be evaluated by a designated Commission committee. This topic will be assigned and the program will be evaluated on meeting training objectives.
- VI. **Advanced Train-the-trainer Program** (a & b)
  - a. Five years of experience as a pest control operator certified in a category related to the subject being presented.
  - b. Successful completion of an approved advanced train-the-trainer program.

**Complete the application for the category (I, II, III, IV, V, or VI)  
you are qualifying in & attach your resume.**



**Applicant Information**

NAME \_\_\_\_\_  
ORGANIZATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_  
E-MAIL \_\_\_\_\_

**Education**

Name of Institution: \_\_\_\_\_ Location: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ Type of Degree: \_\_\_\_\_

**Train-the-Trainer Program**

Name of Institution: \_\_\_\_\_ Location: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_

**Work Experience in Pest Control**

From _____ / _____ Month       Year To _____ / _____ Month       Year	Employer: _____ Address: _____ Position: _____ Responsibilities: _____
Pesticide License Number and State _____ License Period: From _____ To _____	
Description:	



Work Experience in Pest Control (Continued)

From _____/_____ Month Year	Employer: _____
To _____/_____ Month Year	Address: _____
	Position: _____
	Responsibilities: _____

Pesticide License Number and State \_\_\_\_\_ License Period: From \_\_\_\_\_ To \_\_\_\_\_

Description:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

If you have any questions about this procedure, you may contact our office at (404) 656-3641 or email your questions to [pest@agr.georgia.gov](mailto:pest@agr.georgia.gov)

Upon consideration and approval by the Georgia Structural Pest Control Commission, notification will be mailed to the applicant.

All applications for course credit approval should be emailed to: [pestapplications@agr.georgia.gov](mailto:pestapplications@agr.georgia.gov)

Or sent by mail to:

Georgia Department of Agriculture  
Structural Pest Control Commission  
244 Washington St SW, Room G007  
Atlanta, GA 30334-4201

*For Official Use Only*

Approval: YES

NO

Date: \_\_\_\_\_

Reason: \_\_\_\_\_