APPLICATION FOR RECERTIFICATION/REREGISTRATION TRAINING COURSE APPROVAL

DATE: __________________________

Course Type:
______Traditional Face to Face/Conference/Live Interactive Distance Learning (Webinar)
______Computer Based Training/Prerecorded Webinar/Correspondence Course

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 ________________________________________________________________

__________________________ FAX __________________________________________

TELEPHONE __________________ 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
19 Martin Luther King, Jr. Drive, Room 411
Atlanta, GA 30334-4201

SPS-13-16 Revised May 2014