North Carolina Department of Agriculture And Consumer Services Structural Pest Control Division

ON LINE TRAINING ATTENDANCE ROSTER

Title of Training Course **#100 Introduction to Ant Biology**

Training Agency **Whitmire Micro-Gen Research Laboratories**

Phone (_____)_____

OFFICE USE ONLY
CCU'S AWARDED FOR FY **2003-2004**
01
P_____ W_____ F_____ G_____
73036
COURSE ID#_____

_____ _____
Signature of Training Agency Representative Date

Return to the Structural Pest Control Division within 30 days of training

NC Structural Pest Control Certified Applicators and Licensees Only

Do Not Include Names of Non-Certified Registered Technicians

The Training Agency must attach a copy of their verification form to this roster
(no CCU's will be awarded without the verification form)

SIGNATURE	PRINT NAME (LAST, FIRST, MI)	SOCIAL SECURITY NUMBER

I certify that the above employees of _____(company name) have satisfactory completed the above on-line training.

Signature of Licensee_____ License #_____Date_____

Signature of Supervisor (non-commercial)_____ Date_____