

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

ON LINE TRAINING ATTENDANCE ROSTER

#101 Introduction to Ant Identification
 Title of Training Course _____
Whitmire Micro-Gen Research Laboratories
 Training Agency _____
 Phone (_____) _____

OFFICE USE ONLY
 CCU'S AWARDED FOR FY 2003-2004
01
 P _____ W _____ F _____ G _____
73037
 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 _____