

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

ON LINE TRAINING ATTENDANCE ROSTER

**#110 Biology and Control of the German
Cockroach**

Title of Training Course _____

Whitmire Micro-Gen

Training Agency _____

Phone (____) _____

OFFICE USE ONLY		
CCU'S AWARDED FOR FY 2004-2005		
01		
P _____	W _____	F _____ G _____
73056		
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 _____