

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

ON LINE TRAINING ATTENDANCE ROSTER

Prescription Treatment Techniques#160

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____
73050
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 _____