

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

ON LINE TRAINING ATTENDANCE ROSTER

**#200 Biology and Control of Fire Ants**

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 \_\_\_\_\_

**73038**

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 satisfactorily completed the above on-line training.

Signature of Licensee \_\_\_\_\_ License # \_\_\_\_\_ Date \_\_\_\_\_

Signature of Supervisor (non-commercial) \_\_\_\_\_ Date \_\_\_\_\_