

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

ON LINE TRAINING ATTENDANCE ROSTER

Title of Training Course #206 Biology and Control of Argentine Ants
 Training Agency Whitmire Micro-Gen Research Laboratories
 Phone () _____

OFFICE USE ONLY
CCU'S AWARDED FOR FY 2003-2004
01
P _____ W _____ F _____ G _____
73040
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 _____