

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

ON LINE TRAINING ATTENDANCE ROSTER

**#230 Installation and Service of the Advance
Termite Bait System**

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 _____
73057			
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 _____