

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

**ON LINE TRAINING ATTENDANCE ROSTER**

**#300 IPM in Schools and Daycare Facilities**

<b>OFFICE USE ONLY</b>		
CCU'S AWARDED FOR FY 2003-2004		
<b>01</b>		
P _____	W _____	F _____ G _____
<b>73045</b>		
COURSE ID# _____		

Title of Training Course \_\_\_\_\_  
**Whitmire Micro-Gen Research Laboratories**  
 Training Agency \_\_\_\_\_  
 Phone ( \_\_\_\_\_ ) \_\_\_\_\_

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 \_\_\_\_\_