

# SPONSOR FORM AND FEE REMITTANCE PRIVATE PESTICIDE APPLICATOR RECERTIFICATION

Attach recertification program attendance sheets.

Program Number: \_\_\_\_\_

County: \_\_\_\_\_

Number of private applicators attending this program, requesting recertification.  
(total of all attendance sheets) ..... \_\_\_\_\_ x \$' = \_\_\_\_\_

Check payable to PURDUE UNIVERSITY.

County extension check number (One check, please.) ..... \_\_\_\_\_

Signature of County Extension Educator \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Program Attendance Sheets MUST have the complete information of each private applicator signing the sheet. Credit will not be given for the program until the form is complete.**

Inquiries should reference the COUNTY and PROGRAM NUMBER on this form.

~~~~~ MAKE NECESSARY NOTATIONS BELOW ~~~~~

|                               |       |
|-------------------------------|-------|
| <b><u>OFFICE USE ONLY</u></b> |       |
| Date Received                 | _____ |
| OISC                          |       |
| Date Entered                  | _____ |