

SPONSOR FORM AND FEE REMITTANCE PRIVATE APPLICATOR RECERTIFICATION

Attach recertification program attendance sheets.

Program Number: _____ County where program held: _____

Number of private applicators requesting recertification. _____ x \$' = _____

Total Attendance, both private applicators and non-certified (*if different from above*). _____

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                  | _____ |