

Sponsor Form and Fee Remittance Private Applicator Recertification

Attach recertification program attendance sheets.

This means the county the program was held in **NOT** the county the educator is in!

Program Number: _____ County where program held: _____

Number of private applicators attending this program, requesting recertification

..... Check _____ x \$5 = _____

..... E-transfer _____ x \$5 = _____

Check payable to PURDUE UNIVERSITY

County extension check number

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.

MAKE NECESSARY NOTATIONS BELOW

For Example:

*Address Change:
John Purdue
1000 State Street
West Lafayette, IN 47906*

OR

Names crossed out on attendance sheets have attended 3 PARPs and do not need credit

OFFICE USE ONLY

Date Received _____

OISC
Date Entered _____

Make two copies of this form. Retain one copy for your records. Send the other copy along with ATTENDANCE SHEETS and CHECK to Cheri Janssen, Purdue Pesticide Programs, 915 West State Street, West Lafayette, Indiana 47907-2054.