

MICHIGAN DEPARTMENT OF AGRICULTURE

RECERTIFICATION SEMINAR RECORD

(In accordance with Act 451, PA 1994 as amended, Part 83)

*SAMPLE ODCUM EAT*

APPLICATOR'S NAME

LAST NAME

O P E R A T O R

FIRST NAME

S A M P L E

MI

INSTRUCTIONS

- Use a No. 2 Pencil Only.
- Make Heavy Dark Marks that Fill the Oval Completely.
- Erase Cleanly Any Marks You Wish to Change.
- SEMINAR CODE Will Be Provided by Host.

EXAMPLES

- RIGHT      WRONG
- 

SEMINAR CODE

(Provided by Seminar Host)

1 3 3 3 1 8 0 2

DATE OF SEMINAR

MONTH	DAY	YEAR
Jan	30	0211
Feb	02	0211
Mar	00	0000
Apr	01	0101
May	02	0202
June	03	0303
July	04	0404
Aug	05	0505
Sep	06	0606
Oct	07	0707
Nov	08	0808
Dec	09	0909

APPLICATOR NUMBER

9 8 7 6 5 4 3 2 1

TYPE OF CERTIFICATION

- Private
- Commercial
- Reg. Technician
- Reg. Technician Commercial

SEMINAR CREDIT(S)

- PRIVATE CORE
- COMMERCIAL CORE
- SEE INSTRUCTIONS BELOW BEFORE SELECTING ANY CREDITS

- | CATEGORY CREDITS                             | STANDARD CREDITS                  |
|--|-----------------------------------|
| <input checked="" type="radio"/> Aerial      | <input type="radio"/> Aerial      |
| <input checked="" type="radio"/> Structural  | <input type="radio"/> Structural  |
| <input checked="" type="radio"/> Soil        | <input type="radio"/> Soil        |
| <input checked="" type="radio"/> Commodity   | <input type="radio"/> Commodity   |
| <input checked="" type="radio"/> Greenhouse  | <input type="radio"/> Greenhouse  |
| <input checked="" type="radio"/> Chemigation | <input type="radio"/> Chemigation |

INSTRUCTIONS

In one area above, select where your credit(s) should be applied. This must be an area for which you are currently certified or registered and for which the seminar was approved. MARK ONLY ONE AREA; SELECT CORE, CATEGORY OR STANDARD. DO NOT MARK MORE THAN ONE AREA. For Example... Do not mark commercial core and a category.

In signing this form, the applicator attests that he/she has attended the session listed. Falsification of the above information could result in revocation of the applicator's certification.

The applicator must return this form at the end of the day's training session to the seminar host. This form will not be accepted if incomplete, or if submitted later to the seminar host or to the Michigan Department of Agriculture.

*SAMPLE ODCUM EAT*

Applicator Signature

(517) 555-5555

Phone Number

*SO*

Host Initials