



MISSOURI DEPARTMENT OF AGRICULTURE
 DIVISION OF PLANT INDUSTRIES
PESTICIDE TECHNICIAN NOTICE OF TRAINING FORM

BUREAU OF PESTICIDE CONTROL
 PO BOX 630
 JEFFERSON CITY, MO 65102

DATE

TRAINEE NAME		BUSINESS NAME			
BUSINESS ADDRESS		CITY	STATE	ZIP CODE	
TRAINING PROGRAM TITLE		CATEGORY (CHECK ONE ONLY) 3 7A 7B		APPROVAL CODE	
CLASSROOM TRAINING	LIST ALL TRAINING DATES	HOURS	TRAINER'S NAME AND SIGNATURE (IF APPLICABLE, TRAINER'S LICENSE NUMBER)		
PEST IDENTIFICATION					
EQUIPMENT					
PESTICIDES					
ALTERNATIVE CONTROL METHODS					
LABELS					
PESTICIDE HAZARDS AND SAFETY					
PESTICIDE SPILLS					
PESTICIDE LAWS					
ON-THE-JOB TRAINING	LIST ALL TRAINING DATES	HOURS	SIGNATURE OF CERTIFIED ON-THE-JOB TRAINER (MUST SIGN EVERY LINE)	TRAINER'S LICENSE #	
PEST IDENTIFICATION					
EQUIPMENT					
PESTICIDES					
ALTERNATIVE CONTROL METHODS					
PESTICIDE HAZARDS AND SAFETY					
PESTICIDE SPILLS					
I CERTIFY THAT ALL ABOVE INFORMATION IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND IS MADE IN GOOD FAITH.					
TRAINEE SIGNATURE			DATE		
COMPANY REPRESENTATIVE			DATE		

2/25/2022