

Private Applicator (Grower) Sign-in Information Sheet

❖ Private Applicator (PA) Certificate Continuing Education

● Private Applicator (PA) Certificate Numbers

The Private Applicator (PA) Certificate numbering system suggested by the Department of Pesticide Regulation (DPR) is as follows:

PA-County Number-4 or 5 digit sequential number, such as PA-00-00000.

Some counties include sequential lettering or numbering based on permit numbers.

Private Applicators should record their complete PA certificate number when signing in on the Private Applicator sign-in sheet at accredited meetings for Continuing Education (CE) hours.

● Sign-in Procedures

Meeting sponsors are to provide Private Applicators requesting CE hours with a Private Applicator Sign-in sheet. This sheet is separate from the sign-in sheet provided for other DPR license holders.

Private Applicators DO NOT complete the computerized checkout forms provided by the Continuing Education Center for Pest Management (CECPM).

Meeting sponsors are to provide each Private Applicator requesting CE hours with a Certificate of Completion or a written statement verifying attendance that includes the certificate holder's name, certificate number, meeting identification code number and CE hours earned, meeting title, date, location, and sponsor's name or organization.

● Submitting Continuing Education (CE) Hours

Private Applicators are responsible for submitting their Continuing Education (CE) Hours to ***their local County Agricultural Commissioner's office***. Private Applicator CE Hours are not tracked by DPR or CECPM.

For additional Private Applicator information please contact your local County Agricultural Commissioner's office.

Private Applicators/Growers Verification of Attendance

Continuing Education Meeting Accredited by the Department of Pesticide Regulation (DPR).

DPR Course ID code: _____ Course Date: _____

Course Location: _____

Course Title: _____

Sponsor Name: _____

Certification of Completion

This document certifies attendance for the following license/certificate holder:

Name of Attendee: _____

DPR License/Certificate Number: _____

Continuing Education (CE) Hours Breakdown: _____ Laws

_____ Aerial

_____ Other

Total CE Hours _____

I certify that the above is true and correct.

Certificate Holder Signature: _____ Date _____

Private Applicators: Submit this form to your local County Agricultural
Commissioner's Office.