

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:

License/Certificate Holder Name (printed): _____

DPR License/Certificate Number: _____

Actual CE Hours Attended: _____ Laws

_____ Other

_____ Aerial

Total: _____

I certify that the above is true and correct.

Licensee/Certificate Holder Signature: _____

Date _____

**Submit this form with your renewal application to the Department of Pesticide Regulation.
Keep a copy for your own records.**