

Kentucky Department of Agriculture

Division of Environmental Services
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AGRICULTURAL PESTICIDE APPLICATOR CERTIFICATION CEU REQUEST FORM

COURSE INFORMATION

DATE OF COURSE FROM: _____ TO: _____

TITLE OF COURSE: _____

LOCATION: _____

ADDRESS: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

EMAIL: _____

CEU INFORMATION

Day/Session 1: GENERAL HOURS: _____
SPECIFIC CATEGORY: _____ HOURS: _____

Day/Session 2: GENERAL HOURS: _____
SPECIFIC CATEGORY: _____ HOURS: _____

Day/Session 3: GENERAL HOURS: _____
SPECIFIC CATEGORY: _____ HOURS: _____

Day/Session 4: GENERAL HOURS: _____
SPECIFIC CATEGORY: _____ HOURS: _____

Day/Session 5: GENERAL HOURS: _____
SPECIFIC CATEGORY: _____ HOURS: _____

DO YOU WISH FOR THIS TO BE POSTED TO OUR WEBSITE? YES NO

SUBMISSION INFORMATION

- Please submit this form and the agenda for the training course to David Wayne at david.wayne@ky.gov.
- Upon approval a letter and sign in sheet will be sent to the email submitted above.
- For questions please call (502) 573-0282

DEPARTMENT USE ONLY

GENERAL HRS _____

SPECIFIC CATEGORIES _____

SPECIFIC HOURS _____

APPROVED BY: _____ DATE: _____

COURSE NUMBER: _____