

Arizona Department of Agriculture

Environmental Services Division
1688 West Adams Street
Phoenix, Arizona 85007

Continuing Education

Credential Number

Credential Holder's Name: _____

(Please Print)

Apply _____ hours to: PCA ____ Applicator ____

Private Applicator _____
Commercial Applicator _____
Government Applicator _____
Pest Control Advisor _____

Course Title: _____

Course Number: _____

Sponsored by: Agro Consulting _____

Location: Yuma, AZ _____

Note: This form **MUST** be completed and returned to the course sponsor at the end of this session. A copy will be returned to you after the course sponsor has signed it. If you fail to send this form with your renewal application and your name does not appear on the course sign-in sheet, credit for this course **WILL NOT** be granted. It is the responsibility of the credential holder to ensure they have the required number of continuing education credit hours.

Signature of applicant

Date of attendance

Signature of course sponsor

Date of attendance

White – ADA/ESD

Yellow – ACPA

Pink – Credential Holder