

Record of Course Completion

*Continuing Education Meeting Approved by the
Department of Pesticide Regulation*

DPR Course ID Code: _____ *Course Completion Date:* _____

Course Location: _____

Course Title: _____

Sponsor Name: _____

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.

License/Certificate Holder Signature: _____

*Keep a copy for your records. License and certificate holders must keep CE records for 3 years from
the completion date of a course.*