



Georgia Department of Agriculture

Structural Pest Control Division
244 Washington St SW, Room G007
Atlanta, GA 30334

Phone: 404-656-3641
Email: pest@agr.georgia.gov

Please Print

Course Number: _____ Date: _____

Course Name: _____ Instructor: _____

Credits per Category: ___ HPC ___ WDO ___ FUM ___ HBR

Name: _____ Registration/Certification Number: _____

SPD-10-6 Re-Certification/Re-Registration Credit Form



Georgia Department of Agriculture

Structural Pest Control Division
244 Washington St SW, Room G007
Atlanta, GA 30334

Phone: 404-656-3641
Email: pest@agr.georgia.gov

Please Print

Course Number: _____ Date: _____

Course Name: _____ Instructor: _____

Credits per Category: ___ HPC ___ WDO ___ FUM ___ HBR

Name: _____ Registration/Certification Number: _____

SPD-10-6 Re-Certification/Re-Registration Credit Form



Georgia Department of Agriculture

Structural Pest Control Division
244 Washington St SW, Room G007
Atlanta, GA 30334

Phone: 404-656-3641
Email: pest@agr.georgia.gov

Please Print

Course Number: _____ Date: _____

Course Name: _____ Instructor: _____

Credits per Category: ___ HPC ___ WDO ___ FUM ___ HBR

Name: _____ Registration/Certification Number: _____

SPD-10-6 Re-Certification/Re-Registration Credit Form