



GEORGIA DEPARTMENT OF AGRICULTURE

Tyler Harper, Commissioner

www.agr.georgia.gov

Structural Pest Division

244 Washington St SW, Room G007

Atlanta, Georgia 30334-4201

Phone: (404) 656-3641

**APPLICATION FOR RECERTIFICATION/REREGISTRATION
TRAINING COURSE APPROVAL**

[Course applications may also be submitted online through the licensing portal.](#)

DATE: _____

Course Type: Traditional Face to Face/Conference/Live Interactive Distance Learning (Webinar)
Computer Based Training/Prerecorded Webinar/Correspondence Course

COURSE TITLE: _____

INSTRUCTOR(S): _____

REQUESTED NUMBER OF CREDIT HOURS BY CATEGORY:

<u>Household Pest Control</u>	<u>Wood-destroying Organism</u>	<u>Fumigation</u>	<u>Honeybee Removal</u>
HPC: _____	WDO: _____	FUM _____	HBR _____

PREVIOUSLY APPROVED: YES NO PREVIOUS COURSE NUMBER: _____

MEETING DATE(S): _____

LOCATION(S): _____

Send Response To:

NAME _____

E-MAIL _____

TELEPHONE _____

Upon Consideration and approval by the Georgia Structural Pest Control Commission, notification will be emailed to you with assigned numbers.

Email To: pest@agr.georgia.gov

Mail To: Georgia Structural Pest Control Commission
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Atlanta, GA 30334-4201



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Recertification Training Outline

(This outline format can be altered to meet specific needs of the course provided. This is **NOT** a required format)

Course Date:

Course Name:

Credit Hour(s) Requested:

Content:

I. Topic

Minutes:

II. Topic

Minutes:

III. Topic

Minutes:

IV. Topic

Minutes:

V. Topic

Minutes: