

# Structural Pest Training Course Verification Form

Date: \_\_\_\_\_ Sponsor: \_\_\_\_\_ Number of Attendees: \_\_\_\_\_

Course Name: \_\_\_\_\_ Course Number: \_\_\_\_\_

Instructor Name: \_\_\_\_\_ Category/Credit: \_\_\_\_\_ / \_\_\_\_\_

Attendee Name (Please Print)	Certification/Registration Number	Signature Sign In	Signature Sign Out
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*Submit form via email to: [pest@agr.georgia.gov](mailto:pest@agr.georgia.gov) or by mail to : Georgia Department of Agriculture,  
Structural Pest Division, 244 Washington St SW Room G007, Atlanta, GA 30334*