



Texas Department of Agriculture
Pesticide Continuing Education Course
Recertification Sponsorship

PA-409

TODD STAPLES, COMMISSIONER

| | | | |
|---------------|--|--|--|
| SEC. A | 1 TYPE OF APPLICATION | | |
| | <input type="checkbox"/> New Agricultural CEU Application | | |
| | <input type="checkbox"/> New Structural CEU Application | | |
| | <input type="checkbox"/> Renewal Application for Agricultural Course No. | | |
| | <input type="checkbox"/> Renewal Application for Structural Course No. | | |

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|------------------------|--|-------------------------------------|---|--------------------------------------|
| SECTION B | 1 SPONSOR INFORMATION | | | |
| | Sponsor Name | | <input type="checkbox"/> Agency | <input type="checkbox"/> University |
| | | | <input type="checkbox"/> Business | <input type="checkbox"/> Association |
| | 2 CONTACT PERSON | | | |
| | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. | First Name | M. I. | Last Name |
| | <input type="checkbox"/> Ms. <input type="checkbox"/> | | | |
| | 3 MAILING ADDRESS | | | |
| | Address | | | |
| | City | | State | Zip |
| | 4 CONTACT INFORMATION | | | |
| Primary Phone () - | | Secondary Phone (optional) () - | Fax (optional) () - | |
| E-mail | Would you prefer to be contacted by e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Okay to post your e-mail address on TDA website? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| SECTION C | 1 COURSE INFORMATION | | |
| | Will this course be open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | If yes, name of person to contact for more information: _____ | | |
| | Phone number for more information () - _____ | | |
| | Will a fee be charged? <input type="checkbox"/> Yes \$ Amount <input type="checkbox"/> No | | |
| Will this course be for <input type="checkbox"/> One Location <input type="checkbox"/> Multiple Locations <input type="checkbox"/> Various Locations | | | |

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

Name _____

| ² COURSE SITE AND DATE | | | | |
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| SEC. C (cont.) | Course Location | Address of Training | | |
| | City of Training | State of Training | Zip Code of Training | |
| | Date (mm/dd/yy) | Time : <input type="checkbox"/> AM <input type="checkbox"/> PM | Expected No. of Participants | |
| To document additional course sites and dates, use supplemental form. | | | | |

| SECTION D | ¹ COURSE TOPICS FOR AGRICULTURAL CEUS | Instruction Hours | Demonstration Hours | Proposed Credit | TDA Approval |
|------------------|---|--------------------------|----------------------------|------------------------|---------------------|
| | 1. Safety Factors | | | | |
| | 2. Environmental Consequences | | | | |
| | 3. Pest Features | | | | |
| | 4. Business Ethics | | | | |
| | 5. Pesticide Factors | | | | |
| | 6. Equipment Characteristics | | | | |
| | 7. Application Techniques | | | | |
| | 8. Biotechnology/Transgenic Crops | | | | |
| | 9. Total General (add 1-8) | | | | |
| | 10. Integrated Pest Management | | | | |
| | 11. Laws and Regulations | | | | |
| | 12. Label and Labeling Comprehension (L&R) | | | | |
| | 13. Drift Minimization | | | | |
| | 14. Total Credits (add 9-13) | | | | |

| SECTION E | ¹ COURSE TOPICS FOR STRUCTURAL CEUS | Instruction Hours | Demonstration Hours | Proposed Credit | TDA Approval |
|------------------|---|--------------------------|----------------------------|------------------------|---------------------|
| | 1. General Standard Courses | | | | |
| | 2. Pest Control | | | | |
| | 3. Termite Control | | | | |
| | 4. Lawn/Ornamental Insect Control | | | | |
| | 5. Commodity Fumigation | | | | |
| | 6. Structural Fumigation | | | | |
| | 7. Weed Control | | | | |
| | 8. Wood Preservation | | | | |
| | 14. Total Credits (add 1-8) | | | | |

Name _____

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| SEC. F | ¹ METHOD OF INSTRUCTION (CHECK ALL THAT APPLY) | | | |
| | <input type="checkbox"/> Lecture | <input type="checkbox"/> Slide/Film/Video | <input type="checkbox"/> Panel Discussion | <input type="checkbox"/> Demonstration |
| | <input type="checkbox"/> Other (describe) _____ | | | |

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| SECTION G | ¹ INSTRUCTOR NO. 1 INFORMATION | | | |
| | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____ | First Name | M. I. | Last Name |
| | Speaker Topic | | Previously Approved Speaker Yes <input type="checkbox"/> No <input type="checkbox"/> | Length of Presentation |
| | ² CONTACT INFORMATION | | | |
| | Primary Phone () - | Secondary Phone (optional) () - | Fax (optional) () - | |

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| SECTION G (cont.) | ¹ INSTRUCTOR NO. 2 INFORMATION | | | |
| | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____ | First Name | M. I. | Last Name |
| | Speaker Topic | | Previously Approved Speaker Yes <input type="checkbox"/> No <input type="checkbox"/> | Length of Presentation |
| | ² CONTACT INFORMATION | | | |
| | Primary Phone () - | Secondary Phone (optional) () - | Fax (optional) () - | |

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| SECTION G (cont.) | ¹ INSTRUCTOR NO. 3 INFORMATION | | | |
| | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____ | First Name | M. I. | Last Name |
| | Speaker Topic | | Previously Approved Speaker Yes <input type="checkbox"/> No <input type="checkbox"/> | Length of Presentation |
| | ² CONTACT INFORMATION | | | |
| | Primary Phone () - | Secondary Phone (optional) () - | Fax (optional) () - | |

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| SECTION FG(cont.) | ¹ INSTRUCTOR NO. 4 INFORMATION | | | |
| | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____ | First Name | M. I. | Last Name |
| | Speaker Topic | | Previously Approved Speaker Yes <input type="checkbox"/> No <input type="checkbox"/> | Length of Presentation |
| | ² CONTACT INFORMATION | | | |
| | Primary Phone () - | Secondary Phone (optional) () - | Fax (optional) () - | |

Name _____

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| SECTION G (cont.) | ¹ INSTRUCTOR NO. 5 INFORMATION | | | |
| | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____ | First Name | M. I. | Last Name |
| | Speaker Topic | | Previously Approved Speaker Yes <input type="checkbox"/> No <input type="checkbox"/> | Length of Presentation |
| | ² CONTACT INFORMATION | | | |
| | Primary Phone () - | Secondary Phone (optional) () - | Fax (optional) () - | |
| To document additional instructors, use supplemental form. | | | | |

ATTACH AN AGENDA FOR THE COURSE TO THIS FORM

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| SECTION I | ¹ SIGNATURE | |
| | I hereby certify ability to comply with any applicable federal and state laws, including the Americans With Disabilities Act (ADA) requirements for access to activities. | |
| | Applicant Name (print) | Title |
| | Applicant Signature | Date (mm/dd/yy) |

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| SECTION J | ¹ CHECKLIST |
| | <p>Please use this checklist to ensure you are sending all of the necessary information and documents.</p> <p><input type="checkbox"/> Complete Pesticide CEU Recertification Sponsorship form</p> <p><input type="checkbox"/> Include a course outline</p> <p><input type="checkbox"/> Provide all supporting documentation</p> <p><input type="checkbox"/> Submit at least 30 days prior to the first date of the course to:</p> <p>Texas Department of Agriculture, Training and Certification Program, P.O. Box 12847, Austin, Texas 78711 or fax to : 888-216-9865.</p> |