

GENERAL PEST AND RODENT CONTROL ON-THE-JOB TRAINING FORM CHECKLIST

TRAINING RECORDS FOR TECHNICIANS MUST BE MAINTAINED IN COMPANY FILES.

BPI PROVIDES THIS FORM AS A GUIDELINE ONLY. OTHER DOCUMENTATION OF TRAINING MAY BE ACCEPTABLE.

NAME OF TRAINEE			NAME OF TRAINER
DATE OF EMPLOYMENT		SOCIAL SECURITY NUMBER	
DATE TRAINER ID CARD ISSUED			
COMPANY NAME			
SPECIFIC TYPE OF TRAINING	DATE	HOURS OF ON-THE-JOB TRAINING	FOR ALL ON-THE-JOB TRAINING, PROVIDE PHYSICAL ADDRESS OF PROPERTY WHERE TRAINING OCCURRED AND ATTACH WORKSHEET RECORDS OF WORK PERFORMED
COCKROACHES			
A. AMERICAN			
B. GERMAN			
C. ORIENTAL			
D. BROWN BANDED			
E. SMOKY BROWN			
F. WOOD			
RODENTS			
A. HOUSE MOUSE			
B. NORWAY RAT			
C. ROOF RAT			
FLEAS			
ANTS			
BEEES			
WASPS			
CRICKETS			
STORED PRODUCT PESTS			
CENTIPEDES OR MILLIPEDES			
SNAILS OR SLUGS			
BIRDS			
SPIDERS			
CARPET BEETLES			
FABRIC DESTROYING INSECTS			
BED BUGS			
OTHER (LIST BELOW)			

THIS IS TO VERIFY THAT THE APPLICANT HAS SATISFACTORILY COMPLETED ON-THE-JOB TRAINING AS INDICATED. THE TRAINEE HAS _____ HOURS OF HOUSEHOLD PEST ON-THE-JOB TRAINING. (40 HOURS OF ON-THE-JOB TRAINING IS REQUIRED FOR EACH LICENSE CATEGORY PRIOR TO TECHNICIAN APPLYING TO RECEIVE REGISTERED TECHNICIAN IDENTIFICATION CARD. SEE SUBSECTION 109.06 OF REGULATIONS GOVERNING COMMERCIAL INSECT, RODENT, PLANT DISEASE AND WEED CONTROL WORK)

SIGNATURE OF TRAINER _____ DATE _____ SIGNATURE OF TRAINEE _____ DATE _____