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 SOCIAL SECURITY NUMBER DATE OF EMPLOYMENT DATE TRAINER ID CARD ISSUED COMPANY NAME SPECIFIC TYPE OF TRAINING DATE HOURS OF FOR ALL ON-THE-JOB TRAINING, PROVIDE PHYSICAL ADDRESS OF ON-THE-JOB PROPERTY WHERE TRAINING OCCURRED AND TRAINING 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 BEES 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 _ 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 114.02 OF REGULATIONS GOVERNING COMMERCIAL INSECT, RODENT, PLANT DISEASE AND WEED CONTROL WORK) SIGNATURE OF TRAINER DATE SIGNATURE OF TRAINEE DATE