

Record of Course Completion

*Continuing Education Meeting Approved by the
Department of Pesticide Regulation*

DPR Course ID Code: _____ Course Completion Date: _____

Course Location: _____

Course Title: _____

Sponsor Name: _____

License/Certificate Holder Name (printed): _____

DPR License/Certificate Number: _____

Actual CE Hours Attended: _____ Laws

_____ **3.5** Other

_____ Aerial

Total: _____

I certify that the above is true and correct.

License/Certificate Holder Signature: _____

Keep a copy for your records. License and certificate holders must keep CE records for 3 years from the completion date of a course.