



MISSOURI DEPARTMENT OF AGRICULTURE
DIVISION OF PLANT INDUSTRIES

BUREAU OF PESTICIDE CONTROL
PO BOX 630
JEFFERSON CITY, MO 65102

PESTICIDE TECHNICIAN NOTICE OF TRAINING FORM

DATE

TRAINEE NAME	BUSINESS NAME		
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
TRAINING PROGRAM TITLE	CATEGORY (CHECK ONE ONLY) ☐ 3 ☐ 7A ☐ 7B		APPROVAL CODE

CLASSROOM TRAINING	LIST ALL TRAINING DATES	HOURS	TRAINER'S NAME AND SIGNATURE (IF APPLICABLE, TRAINER'S LICENSE NUMBER)
PEST IDENTIFICATION (MINIMUM 1.5 HOURS)			
EQUIPMENT (MINIMUM 1 HOUR)			
PESTICIDES (MINIMUM 1.5 HOURS)			
ALTERNATIVE CONTROL METHODS (MINIMUM 30 MINUTES)			
LABELS (MINIMUM 1 HOUR)			
PESTICIDE HAZARDS AND SAFETY (MINIMUM 1 HOUR)			
PESTICIDE SPILLS (MINIMUM 30 MINUTES)			
PESTICIDE LAWS (MINIMUM 1 HOUR)			
ON-THE-JOB TRAINING	LIST ALL TRAINING DATES	HOURS	TRAINER'S NAME AND SIGNATURE (IF APPLICABLE, TRAINER'S LICENSE NUMBER)
PEST IDENTIFICATION (MINIMUM 1 HOUR)			
EQUIPMENT (MINIMUM 10 HOURS)			
PESTICIDES (MINIMUM 2 HOURS)			
ALTERNATIVE CONTROL METHODS (MINIMUM 1 HOUR)			
PESTICIDE HAZARDS AND SAFETY (MINIMUM 1 HOUR)			
PESTICIDE SPILLS (MINIMUM 1 HOUR)			

I CERTIFY THAT ALL ABOVE INFORMATION IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND IS MADE IN GOOD FAITH.

TRAINEE SIGNATURE	DATE
TRAINER SIGNATURE	DATE

MILITARY BENEFITS / SERVICE

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? ☐ Yes ☐ No
2. If yes, would you like to receive information and assistance regarding veterans benefits and services? ☐ Yes ☐ No
3. If yes, may the agency share your contact information with the Missouri Veterans Commission to provide such information? ☐ Yes ☐ No

General information may also be found at the Missouri Veterans Commission's website.