

PEST CONTROL TECHNICIAN TRAINING RECORD

Business Name: _____

Business Address: _____

Trainee's Name (Print): _____ Trainee's Driver's License Number: _____

Training Date	On-the-job training time	Classroom training time	Total Training Time (Hours)	Subject Matter Covered – Provide details
Total Hours				

Signed: _____
Signature of Technician Trained

Date: _____

Signed: _____
Authorized Officer or Representative of Licensed Business

Date: _____

Printed Name of Signing Officer or Representative

Title: _____