South Carolina Pesticide Applicator

Record of Training for Non-Soil Applied Termite Control

PESTICIDE REGULATION
Regulatory Services

Course: _____

Product Name: _____

Training Date: _____ **Location:** _____

Trainer: _____

NOTE: Please do not use SS#'s on this form. You must PRINT your name and your license number(s) to receive credit.

Reg Tech Yes __ No ___	Commercial License #	Business License #	Please Print First Name	Last Name	Company Name, Address and Phone Number

CLEMSON UNIVERSITY
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