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**CLEMSON**  
UNIVERSITY  
Department of Pesticide Regulation

Interoffice Use Only:	
Date Received: _____	Int'l: _____
Date Approved: _____	Int'l: _____
Date Mailed: _____	Int'l: _____

**Request for Continuing Certification Hours (CCH)  
Pesticide Applicator Recertification Training**  
**All requests must be submitted 15 days in advance of training date.**

**Course Title:** \_\_\_\_\_

**Training Date(s):** \_\_\_\_\_ **Start Time:** \_\_\_\_\_ a.m./p.m. **End Time:** \_\_\_\_\_ a.m./p.m.

**Training Location:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Sponsoring Agency/Company:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Telephone:** ( ) \_\_\_\_\_ **Fax:**( ) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Instructor:** \_\_\_\_\_

**Instructor Qualifications:** \_\_\_\_\_

**Briefly describe the proposed training and/or pertinent information, e.g., brochure, pamphlet, outline, agenda, or program draft.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You may duplicate this form if recertification credits are being requested for more than one meeting or course. CCH requests for identical meetings with more than one presentation day may be listed on one form with dates, times, and locations of each meeting indicated on an attached sheet. All training approved for credit must be open to the public. Model training that is routinely offered may be granted Blanket Coverage for the five-year block. However, individual training dates must be forwarded to the Department of Pesticide Regulation in advance of the training.

Submit via above button OR mail all completed Request for CCH forms to:

**Clemson University Department of Pesticide Regulation**  
**511 Westinghouse Road**  
**Pendleton, SC 29670**  
**ATTN: Request for CCH**

You may fax your Request for CCH form to 864.646.2179.

Please contact our main office at 864.646.2150"