

**CONTINUING EDUCATION ADDITIONAL
COURSE DATE REQUEST**
**Continuing Education Additional
Course Date Request**

DPR-PMLLIC-132 (REV. 02/15/07/23)

DEPARTMENT OF PESTICIDE
REGULATION Department of Pesticide
Regulation PEST MANAGEMENT AND
LICENSING BRANCH
CONTINUING EDUCATION PROGRAM
Continuing Education Program
P.O. BOX PO Box 1379
SACRAMENTO, CALIFORNIA Sacramento, California
95812
916-324-4250
E-mail: CEMail@cdpr.ca.gov
Web site: www.cdpr.ca.gov/

NOTE: To add a course date(s) to a ~~previously~~ currently approved continuing education course, fill out this request and submit it to DPR at least 15 business days before the course date. There is no fee, provided that the agenda is identical and the additional course date(s) occurs in the same calendar year.

Type or print this form in ink. **Complete all sections above the line.** The course I.D. code can be found on your original application form. **All sections of this form must be completed to be considered for approval.** E-Mail this form to: CEmail@cdpr.ca.gov.

COURSE I.D. CODE Course I.D. Code:

COURSE TITLE Course Title:

Additional Course Location Address(es) Include: Address, City, State, and ZIP Code	Additional Course Date(s)	Additional Course Starting Time(s)	Course Language Other than English (optional)	Specific Course Date Contact Person
			<input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	
			<input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	
			<input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	
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			<input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	
			<input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	
Course contact person Sponsor:	Telephone Number:	Fax number E-Mail Address:		

DPR Use Only

Reviewer's signature Reviewer's Signature Date signed Date Signed

Approved Denied
Reason for denial: _____
