

Continuing Education Course Sign-In Sheet

DPR Approved Course Information (Shaded areas are for Sponsor use only)

Course Title: _____
 Course Sponsor: _____
 Course Location: _____
(Address) (City) (State) (ZIP)

DPR Course Identification Code: DPR-Approved Hours:

Laws (L)- ____
 Aerial (A)- ____
 Other (O)- ____
 Total- ____

Course Completion Date: _____

Attendee Information: Please sign-in with your name, signature, and DPR license or certificate number below. **Shaded area is for sponsor use only.**

*If you have more than one license or certificate, enter **only** your highest ranking license or certificate number as ranked below:

- 1) Agricultural Pest Control Adviser License (PCA) 3) Qualified Applicator License (QAL)
- 2) Pest Control Aircraft Pilot Certificate (PCAPC) 4) Qualified Applicator Certificate (QAC)

	Print Name	Signature	*DPR License/ Certificate #	Hours (Sponsor Use)		
				L	A	O
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Note: Sponsors must keep records of course attendance for 3 years and provide each license or certificate holder with a record of course completion that accurately reflects their hours attended (3 CCR 6513).