VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES OFFICE OF PESTICIDE SERVICES

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PROOF OF ADDITIONAL CATEGORY SPECIFIC TRAINING FOR REGISTERED TECHNICIANS

In accordance with the Virginia Pesticide Control Act, and regulations adopted thereunder, submission is hereby made of the additional training provided to a REGISTERED TECHNICIAN who is changing or adding categories.

Please type or print the following information:	
DATE OF TRAINING COMPLETION:	<u> </u>
NAME OF TRAINER:	CERTIFICATION NUMBER:
(TRAINER MUST BE A CERTIFIED COMMER	CIAL APPLICATOR)
TRAINER'S PHONE No.: E-MA	IL ADDRESS:
NAME OF TECHNICIAN:	
(Last)	(First) (M.I.)
CERTIFICATION NUMBER:	CHANGE OF EMPLOYER: ☐ Yes ☐ No
EMPLOYED BY (Company or agency you work for):	
PESTICIDE BUSINESS LICENSE NO.:	
BUSINESS ADDRESS:	COUNTY:
(Street or RFD)	STATE: ZIP CODE:
Additional Training has been provided to the above 1A Agricultural Plant Pest Control 1B Agricultural Animal Pest Control 1C Fumigation of Soil and Agricultural Products 1D Chemigation 2 Forest Pest Control 3A Ornamental Pest Control 3B Turf 4 Seed Treatment 5A Aquatic Pest Control-General 5B Marine Anti-Foulant Paints (TBT) 6 Right-of-Way Pest Control	☐ 7A General Pest Control ☐ 7B Wood-Destroying Pest Control ☐ 7C Fumigation (Non-Agricultural) ☐ 7D Vertebrate Pest Control (Excluding Structural Invaders) ☐ 7E Sewer Root Pest Control ☐ 8 Public Health Pest Control ☐ 9 Regulatory Pest Control ☐ 10 Demonstration and Research Pest Control ☐ 11 Aerial Pesticide Application ☐ 12 Wood Preservation and Wood Products Treatment I certify that this technician has successfully completed the
training in the additional category(ies) specified above in order to properly apply pesticides in the performance of my job, and I agree to abide by all the laws, rules and regulations governing the use of pesticides. (Signature of Applicant)	additional training requirements, as outlined on the reverse of this application, for the additional category(ies) in which he/she intends to work, specific to the pesticide application requirements of his/her job. (Signature of Commercial Applicator Trainer)
DATE :	DATE :
DATE	DATE:

(SEE REVERSE SIDE FOR TRAINING REQUIREMENTS)

ADDITIONAL TRAINING REQUIREMENTS FOR REGISTERED TECHNICIANS SWITCHING CATEGORIES

Prior to performing work in any application category or subcategory that is different from the category in which a registered technician received their original training, they shall receive additional training from a commercial applicator in the following aspects of pesticide application as it relates to the proposed category or subcategory of work:

- 1. Pesticides to be used, including reading and understanding the label;
- Application equipment and techniques;
- 3. Pests to be controlled:
- 4. Personal protective equipment and clothing; and
- 5. Environmental concerns, including storage and disposal of pesticides applied.

The commercial applicator providing the training to a registered technician shall be certified in the category or subcategory for which he is providing the training and shall provide proof to the department of such training on the attached form. The form shall be submitted within 10 calendar days of the completion of such training.

Registered Technicians may apply general-use pesticides unsupervised, and restricted-use pesticides only under the direct supervision of a Certified Commercial Applicator.