Training Course Verification Form

Date_____ Sponsor_____ Certified Operator_____ Registered Employee_____

Course Name_____ Course Number _____

Instructor Name_____ Category/credit _____/_____

Attendee Name (Please Print)	Certification/Registration Number	Signature Sign In	Signature Sign Out

*Note: a separate form **must** be completed for certified operators and registered employees (technicians).*

SPCS-10-07 *Mail form to: Derrick Lastinger – Room 242, Georgia Department of Agriculture, 19 Martin Luther King Jr. Drive, Atlanta, GA, 30334*