



Application for Recertification Program Sponsors

Sponsor/Group Name	Contact Person - PLEASE PRINT
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Sponsor/Group Address	Phone Number
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City	State	Zip Code
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Sponsor Affiliation

- Government**
- University/College**
- Trade Association**
- Industry**
- Other**

Describe the educational benefits your organization will be providing to pesticide applicators.
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Stipulations

- I certify that the Program sponsor will submit program requests at least 30 day prior to the date of program
- I certify that the Program sponsor will monitor attendance and proctor ODA Recertification forms
- I certify that the Program sponsor will collect all completed Recertification forms from attendees
- I certify that the Program sponsor will return all completed and unused forms to ODA for processing
- Training must be conducted at a neutral site (universities/colleges are exempt from this requirement) and be open to the general public.

I understand that the approval of this request designates this agency as an approved Program sponsor of Recertification continuing education programs until or unless it is revoked for cause. Failure to meet the standards, refusal to allow an audit or supply information upon request of the Ohio Department of Agriculture Pesticide Regulation Certification and Training Section or its authorized representative, are cause for revocation.

Signature of Contact Person for Program Sponsor/Group	
Title of Contact Person	Date

**Ohio Department of Agriculture
Pesticide and Fertilizer Regulation
Certification and Training Section
8995 E Main Street - Reynoldsburg, Ohio 43068
Phone: 614-728-6394 (Diana Roll)
Fax: 614-728-4235
roll@agri.ohio.gov**