

# PEST CONTROL TECHNICIAN TRAINING RECORD

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Trainee's Name (Print): \_\_\_\_\_ Trainee's Driver's License Number: \_\_\_\_\_

Training Date	On-the-job training time	Classroom training time	Total Training Time (Hours)	Subject Matter Covered – Provide details
Total Hours				

Signed: \_\_\_\_\_  
Signature of Technician Trained

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Authorized Officer or Representative of Licensed Business

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Signing Officer or Representative

Title: \_\_\_\_\_