

Continuing Education Course Sign-In Sheet

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

Course Title: _____

Course Location: _____ Date: _____

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

DPR Identification Code: _____

DPR Approved Hours:

Laws (L) ___ Aerial (A) ___ Other (O) ___ **Total:** ___

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)
- 2) Pest Control Aircraft Pilot Certificate (PCAP)
- 3) Qualified Applicator License (QAL)
- 4) Qualified Applicator Certificate (QAC)

| # | Print Name | Signature | *DPR License/ Certificate # | Hours (Sponsor Use) | | |
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Note: Sponsor 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 (CA Code of Regulations, Title 3, § 6513).