## CONTINUING EDUCATION RECORD RENEWAL SUMMARY

DPR-PML-123 (Rev. 8/17)

PEST MANAGEMENT AND LICENSING BRANCH P.O. BOX 4015 SACRAMENTO, CA 95812 (916) 445-4038

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DEPARTMENT OF PESTICIDE REGULATION

## **INSTRUCTIONS**

1. For each approved course you have taken, enter the following: title; course I.D. number; location; date(s) attended; and hours completed. In the boxes located in the right hand corner of the bottom of the page, enter the total number of continuing education (CE) hours you have completed for the current renewal period. If you are using a document other than this form as proof of your CE hours; you must provide the same information as required on this form. Your CE record summary document must be returned with your renewal application. If the information on this form or the

document you submit is incomplete, the processing of your renewal application will be delayed.  2. Please do not submit application and fee unless all required CE hours have been completed. If you fail to complete the required minimum CE hours by December 31 of your expiration year, you will be required to re-examine in laws and regulations, as well as all categories you held.				COURSE HOURS			
				Laws and Regulations (L)	ation and A)		(1
APPLICANT NAME/SIGNATURE	CERTIFICATE/LICENSE TYPE		CERTIFICATE/LICENSE NUMBER	ws and Reg	Laws and Regulations Aerial Application and Techniques (A) Other (O) Total Hours (T)		
CONTINUING EDUCATION COURS	SE INFORMATION	DDD 6	DURSE ID NUMBER		Ae	ð	악
COURSE THE STONSON INVIVE		DFNC	JUNJE ID NUMBEN	(L)	(A)	(O)	(T)
LOCATION (City and State)		DATE(S) ATTENDED					
COURSE TITLE/SPONSOR NAME		DPR COURSE ID NUMBER		(L)	(A)	(O)	(T)
LOCATION (City and State)		DATE(S	a) attended				
COURSE TITLE/SPONSOR NAME		DPR CO	DURSE ID NUMBER	(L)	(A)	(O)	(T)
LOCATION (City and State)		DATE(S	a) attended				
COURSE TITLE/SPONSOR NAME		DPR CO	DURSE ID NUMBER	(L)	(A)	(O)	(T)
LOCATION (City and State)		DATE(S	S) ATTENDED				
COURSE TITLE/SPONSOR NAME		DPR CO	DURSE ID NUMBER	(L)	(A)	(O)	(T)
LOCATION (City and State)		DATE(S	a) ATTENDED				
COURSE TITLE/SPONSOR NAME		DPR CO	DURSE ID NUMBER	(L)	(A)	(O)	(T)
LOCATION (City and State)		DATE(S	attended				
COURSE TITLE/SPONSOR NAME		DPR CO	DURSE ID NUMBER	(L)	(A)	(O)	(T)
LOCATION (City and State)		DATE(S	attended				
	-		TOTAL CE HOURS				