



LOUISIANA
**DEPARTMENT of
AGRICULTURE
& FORESTRY**

**Louisiana Department of Agriculture and Forestry Pesticide Training
Verification Form**

This is an official document. Altering this form will render it invalid.

Meeting ID: 0001YG



+0001YG

Name of Program: SPC Licensee & Technician
Recertification

Location: 2420 Old Brandon Rd Pearl, MS 39208

Program Date: 8/20/2025

Approved for these categories and credits:

8B(0), AGS(0), GSC(0), LP1(0), LP2(0), LP3
(0), P1(0), P2(0), P3(0), P8(0), SGS(0), TE(0)

A COMPLETE CERTIFICATION NUMBER MUST BE INCLUDED FOR CREDIT TO BE GRANTED

Print Full Name	LA Certification # (list all certification #s)	Phone Number	Email Address	Signature

Return by Mail or Email **within 14 calendar days** of the program date to:

Louisiana Department of Agriculture and Forestry, 5825 Florida Blvd., Suite 3003, Baton Rouge, LA 70806

Telephone: (225) 925-3763 Email: pestcert@ldaf.state.la.us

Sponsor Signature: _____ Date: _____ Page ____ of ____