The Cornell Vegetable Program is Your Trusted Source for Research-Based Knowledge

REGISTRATION FORM

DEC Special Permit Training Class for Non-Certified Applicators and Handlers of Federally Restricted-Use Pesticides

You must pre-register by April 3, 2015

For which class are you registering? Check one.

_____ Wayne Co. April 8, 2015  _____ Orleans Co. April 9, 2015

Farm Name: ____________________________________________________________
Farm Address: __________________________________________________________
Name of Supervising Pesticide Applicator: _________________________________
Supervisor’s DEC Pesticide Applicator ID No.: ______________________________

Name of Non-certified applicator(s): $20 each, choose session:
____________________________________________          English: ____  Spanish: ___
____________________________________________          English: ____  Spanish: ___
____________________________________________          English: ____  Spanish: ___
____________________________________________          English: ____  Spanish: ___
____________________________________________          English: ____  Spanish: ___
____________________________________________          English: ____  Spanish: ___
____________________________________________          English: ____  Spanish: ___
____________________________________________          English: ____  Spanish: ___
____________________________________________          English: ____  Spanish: ___

Amount owing: No. applicators/handlers ____ x $20:          $______________________

Make check payable to: “Cornell Cooperative Extension”

Mail this registration form and check to:
Cornell Cooperative Extension, Attn: Kim Hazel, 12690 NYS Rt 31, Albion, NY 14411

Or, FAX registration to: 585-798-5191

Or, Contact Kim Hazel: 585-798-4265 x26; krh5@cornell.edu