REGISTRATION FORM

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

You must pre-register by April 1, 2016

For which class are you registering? Check one.

_____ Wayne Co. April 5, 2016       _____ Orleans Co. April 6, 2016

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: ___ SP: ___
____________________________________________________________________
English: ___ Spanish: ___ SP: ___
____________________________________________________________________
English: ___ Spanish: ___ SP: ___
____________________________________________________________________
English: ___ Spanish: ___ SP: ___
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English: ___ Spanish: ___ SP: ___
____________________________________________________________________
English: ___ Spanish: ___ SP: ___

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

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