Mark Gordon, *Governor*
Doug Miyamoto, *Director*
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The Wyoming Department of Agriculture is dedicated to the promotion and enhancement of Wyoming's agriculture, natural resources and quality of life.

AFFIDAVIT OF TRAINING

Date: _____ WY License No. _____

Name: _____

Address: _____

City, State, Zip: _____

A total of 24 continuing education units (CEUs) must be earned during the time period that the commercial pesticide applicator license is valid. Validation of completion of coursework is required. One CEU is credited for one hour of coursework attended or completed. Attach additional paperwork as needed (examples: agendas, receipt of payment, sign-in sheets).

Course Title	CEUs Earned

CEUs of record to date: _____ Total CEUs earned this form: _____

I hereby certify under penalty of perjury, that the following coursework and CEUs were earned for the purposes of recertification of my Wyoming Commercial Pesticide Applicator License, as authorized under Wyoming Statute § 35-7-350 through 35-7-375.

Applicator Signature: _____

Proctor / Witness Signature: _____

Equal Opportunity in Employment and Services
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