

**IDAHO STATE DEPARTMENT OF AGRICULTURE**  
**Division of Agricultural Resources**  
**PO Box 7723**  
**Boise, Idaho 83707**  
**Tel: (208) 332-8600**  
Visit our Website at <http://www.agri.idaho.gov>

**MIXER/LOADER CERTIFICATION OF TRAINING**

This certification form is record of the Mixer/Loader training and needs to be kept on file with company, and available upon request. Do not submit to ISDA.

*PLEASE PRINT*

Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_

Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I certify that I received training to work as a Mixer/Loader on the below specified date. I understand and acknowledge that the training provided is effective for one year and that I am permitted to work as a Mixer/Loader for one year from the date of training. At the expiration of the one-year period, if I wish to work as a Mixer/Loader, I must receive new training, and have on file a new Certification of Training form.

DATE OF TRAINING: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF TRAINEE

NAME OF TRAINER: \_\_\_\_\_

I certify that the applicant has received the Mixer/Loader training in areas relevant to the pesticide mixing and loading operation and instruction on the interpretation of pesticide labels, safety precautions, first aid, compatibility of mixtures, and protection of the environment as required by the Rules Governing Pesticide Use and Application (IDAPA 02.03.03. 004.19).

I understand and acknowledge the training provided is effective for one year from the date of training. I may not employ the applicant as a Mixer/Loader after \_\_\_\_\_ unless I provide new training to the applicant and submit a new Certification of Training form.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PROFESSIONAL APPLICATOR

\_\_\_\_\_  
LICENSE #

**\*KEEP IN COMPANY'S PERSONNEL FILES**