

IDAHO STATE DEPARTMENT OF AGRICULTURE

Division of Agricultural Resources

PO Box 7723 CRT (2270 Old Penitentiary Road)

Boise, Idaho 83707

Telephone (208) 332-8600

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MIXER/LOADER CERTIFICATION OF TRAINING

PLEASE PRINT

Applicant _____ Soc. Sec. # _____

Home Add. _____ Home Ph. _____

City _____ St. _____ Zip _____ County _____

Company _____

Mail Add. _____ Bus. Ph. _____

City _____ St. _____ Zip _____ County _____

DATE OF TRAINING: _____ COUNTY TRAINED IN: _____

NAME OF TRAINER: _____

I certify that I received training to work as a Mixer/Loader on the above 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.

SIGNATURE OF APPLICANT

I, _____ certify that the applicant has received the
(NAME OF PROFESSIONAL APPLICATOR)

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. 100.02.d.i. and ii). 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 #