



**Idaho State Department of Agriculture**  
 Division of Agricultural Resources  
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**MIXER/LOADER CERTIFICATION OF TRAINING**

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

PLEASE PRINT  
 APPLICANT \_\_\_\_\_ ISDA LIC # \_\_\_\_\_  
 HOME MAILING ADDRESS \_\_\_\_\_ PERSONAL PHONE # \_\_\_\_\_  
 CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_  
 PHYSICAL ADDRESS \_\_\_\_\_  
 (IF DIFFERENT FROM MAILING ADDRESS)  
 COMPANY \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_  
 COMPANY MAILING ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_  
 PHYSICAL ADDRESS \_\_\_\_\_  
 (IF DIFFERENT FROM MAILING ADDRESS)

I certify that I have received training to work as a Mixer/Loader on the date listed below. I understand and acknowledge that the training provided is valid 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 Mixer/Loader, I must renew my training, and have a new Certification of Training form on file.

DATE OF TRAINING: \_\_\_\_\_  
 \_\_\_\_\_  
 SIGNATURE OF TRAINEE

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

I certify that that applicant has received the Mixer/Loader training in areas relevant to pesticide mixing and loading operations. As well as 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 02.03.03.400.03)

**Please list the EPA-approved training materials used for the Mixer/Loader training below.** (i.e., the EPA document number or EPA approval number for the materials). Company must retain all training records for a period of two (2) years.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand and acknowledge that 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#

**PLEASE KEEP IN COMPANY'S PERSONNEL FILES.**