## **Registered Service Employee Safety Training Verification**

DDA's Pesticide Section in collaboration with the Delaware Learning Center has developed an online version of the Registered Service Employee Pesticide Safety Training: <a href="https://stateofdelaware.csod.com/selfreg/register.aspx?c=dda-par">https://stateofdelaware.csod.com/selfreg/register.aspx?c=dda-par</a>
This form is to be filled out upon completion of the training.

Business Name:		DDA Business License #	
_			
City:	State:	Zip Code:	
<b>Employer Name</b> (Print First &	k Last):		
Date of Training:	(mm/day/yr)		
Trainer Name (Print First & I	_ast):		
Signature of Trainer:			
Trainer Qualifications:  [ ] Certified as Applicator of the control of the contro	of RUPs (State Cert. Card #: _	)	

[ ] Certified as Applicator of RUPs (State Cert. Card #:)				
Employee Name (Nombre del Empleado en Letra de Molde)	Employee Signature (Firma del Empleado)	Employee Start Date: mm/day/year		
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