Training Course Verification Form

Date_____ Sponsor_____ Number of Attendees _____

Course Name_____ Course Number _____

Instructor Name_____ Category/credit _____/_____

Attendee Name (Please Print)	Certification/Registration Number	Signature Sign In	Signature Sign Out
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

Note: One form can be completed for certified operators and registered employees (technicians).

SPS 12-05 *Mail form to: Tim Taylor –Room 411 Georgia Department of Agriculture, 19 Martin Luther King Jr. Drive, Atlanta, GA, 30334*