

Verification of Training Form

Verification of training completed to fulfill the requirements of the Nebraska Pesticide Act for persons working under the direct supervision of a licensed pesticide applicator.

Supervised Unlicensed Applicator

Name: _____

Date of first pesticide application under another's direct supervision: _____

Supervising Applicator

Name: _____

License Number: _____

Employer: _____

License Categories: _____

Training Record

1. Equipment Calibration: _____ Date: _____
Training detail: _____

2. Personal Protective Equipment: _____ Date: _____
Training detail: _____

3. Product-specific Directions For Use: _____ Date: _____
Training detail: _____

4. On-site training provided with product: _____ Date: _____
Location: _____

5. List of product labels discussed and provided to trainee _____ Date: _____

To be signed by trainee when all training is completed:

“I have completed the training detailed above while working under the direct supervision of the supervisor listed on this form. I understand this is a 60-day once-in-a-lifetime exemption from licensing, after which I am legally prohibited from making pesticide applications without a license.”

Signature of trainee: _____

Date: _____