

REQUEST FOR RECERTIFICATION ATTENDANCE RECORD REVIEW
<http://oregon.gov/ODA/PEST>

_____ I have checked my recertification credits accredited through December 31, 2010 through the ODA website at **<http://oregon.gov/ODA/PEST>**. This record shows that I have met my recertification requirements. A copy of the webpage with my credit history is attached. Please send me an application for license renewal for 2011.

_____ **Request to ODA to Review Accreditation Records:**

I attended all or part of the ODA-accredited training listed below, which does not appear on my current Credit Hour Summary or on my updated recertification credit history on the webpage; please review the attendance records and verify my attendance at the following sessions:

Last Name: _____ **First Name:** _____ **MI:** _____

License Type: (Commercial, Private, etc.) _____ **License No:** _____

Certification Expiration Date _____ (NOT license expiration date)

Current Phone Number (_____) _____

Date	Location (City)	Name of Program/ Including Sponsor Name	Session Attended am?/pm?/both

Signature _____ Date _____

Complete this form and mail to:
 Oregon Department of Agriculture
 Pesticides Division
 635 Capitol St NE
 Salem, OR 97301

or FAX to:
 503-986-4735