



## Green Industries Best Management Practices Program GI-BMP Training Record

Class Date	Training Provider (County Ext or Org.)	Instructor	Class ID

**THIS TRAINING RECORD MUST BE COMPLETED AND SIGNED TO RECEIVE A TRAINING CERTIFICATE OR CEU'S. PLEASE PRINT CLEARLY AND LEGIBLY.**

<b>Have you attended GI-BMP training before?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes:</i> <b>GI-BMP Trainee ID#</b> <small>(From wallet card or letter)</small>		<b>- OR -</b> <b>When and where did you attend GI-BMP training?</b>	
_____		_____	
<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Suffix</b>
<b>HOME Mailing Address:</b>			<b>Apartment #:</b>
<small>City:</small> _____			<small>Home or Cell Phone</small> <small>(include area code)</small>
<small>State:</small> _____		<small>Zip:</small> _____	
<b>Home County</b>	<b>Email Address</b>		
<b>Employer Company Name</b>			<b>Job Title / Position</b>
<b>WORK Mailing Address:</b>			<b>Work Phone</b>
<small>City:</small> _____			<small>(include area code)</small>
<small>State:</small> _____		<small>Zip:</small> _____	
<b>Work County</b>	<b>Date of Birth</b>		

**Do you want CEU's for this training?**

Yes     No

**Pesticide License No.:** \_\_\_\_\_

**Fertilizer License No.:** \_\_\_\_\_

CEU's will be handed out at the end of class.

**Check the information above carefully and make any changes needed before signing.**

**PLEASE PRINT CLEARLY AND LEGIBLY.**

**Please mail my training certificate to:**

Work Address     Home Address

**Trainee Signature**