

Class Transmittal Form

Please direct materials for processing to:

UF/IFAS – GI-BMP Program
 PO Box 110675
 Gainesville FL 32611

Questions?

gi.bmp@ifas.ufl.edu
 (352) 273-4517

Include in package:

Transmittal, Sign-in Sheet, Training Records,
 Surveys, Pre-Tests, Post-Tests

Class ID: Please write and bubble Class ID below.

_____	_____	_____	_____	_____	_____
(A) (N)	(A) (N)	(A) (N)	(0)	(0)	(0)
(B) (O)	(B) (O)	(B) (O)	(1)	(1)	(1)
(C) (P)	(C) (P)	(C) (P)	(2)	(2)	(2)
(D) (Q)	(D) (Q)	(D) (Q)	(3)	(3)	(3)
(E) (R)	(E) (R)	(E) (R)	(4)	(4)	(4)
(F) (S)	(F) (S)	(F) (S)	(5)	(5)	(5)
(G) (T)	(G) (T)	(G) (T)	(6)	(6)	(6)
(H) (U)	(H) (U)	(H) (U)	(7)	(7)	(7)
(I) (V)	(I) (V)	(I) (V)	(8)	(8)	(8)
(J) (W)	(J) (W)	(J) (W)	(9)	(9)	(9)
(K) (Z)	(K) (Z)	(K) (Z)			
(L) (Y)	(L) (Y)	(L) (Y)			
(M) (Z)	(M) (Z)	(M) (Z)			

Class Date: _____

County Extension or Organization Name:

Where was class held:

City: _____

County: _____

Language: ___ English ___ Spanish ___ Creole

Class Was: ___ Public ___ Private

If Private - Class audience (organization):

Did your Regional Coordinator assist you in planning or conducting this class?

___ Yes ___ No If yes, RC Name _____

Contact for questions or problems regarding class materials or processing (Instructor or designee)

Name: _____

Phone: _____

Email: _____

Lead Instructor – email:

Module	Presenter	County / Organization	Instructor Co-training?
Introduction	_____	_____	_____
Overview	_____	_____	_____
Lawn&Landscape	_____	_____	_____
Irrigation	_____	_____	_____
Fertilizer	_____	_____	_____
Pesticide	_____	_____	_____
Local Ordinance	_____	_____	_____