Special Herbicide Training Roster

				product applications are to be made:	
Training Date:		Training Location:		product app	olications are to be made:
Instructor:	-	Pesticide License:	Expiration date:	Org name:	
Instructor Address:		City, St., Zip:		Address:	
Telephone:		Email:		City, St., Zip	
Product(s) used in training	:			Contact name:	
	AquaMaster 524-343	# Garlon 4 62719-40	II Rodeo 62719-324	Telephone:	
	Aqua Neat 228-365	# Lajj 9468-33-84494	■ Round-Up Pro 524-529	Land where application will be made:	
#	Crossroad 42850-124	# Plateau 241-365	■ Tahoe 3A 228-520		Product Label(s) attached?
#	DuPont Escort XP 352-439	# Ranger 524-517	耳 Transline 62719-259		

Other: Please list

Razor PRO 228-366

PLEASE PRINT CLEARLY

II Element 4 62719-40

Last Name	First Name	Address	City	St.	Zip	Telephone	Date of Birth	Employer	EMAIL