



Florida Department of Agriculture and Consumer Services  
Division of Agricultural Environmental Services

**STEWARDSHIP PROGRAM ATTENDEE FORM**

ADAM H. PUTNAM  
COMMISSIONER

Rule 5E-2.0312, F.A.C.  
Telephone: (850) 617-7996; Fax: (850) 617-7968

**Respond to:**  
Bureau of Inspection and  
Incident Response  
3125 Conner Blvd, Suite N,  
Tallahassee, FL 32399-1650

Fumigation Product:	<input type="checkbox"/> Vikane®	<input type="checkbox"/> Zythor®	<input type="checkbox"/> MasterFume®	CEU Program #:	
Type of Stewardship:	<input type="checkbox"/> Initial Training <input type="checkbox"/> Annual Training				
Instructor Name:				Affiliation:	
Instructor Telephone #:			Email Address:		
Date of Training:		City:		State:	

**LIST ALL ATTENDEES**

**Attendees agree to all conditions and terms of stewardship product. Failure of the fumigator to actively support product stewardship may result in the termination of the fumigator's rights and ability to purchase Residential Fumigants. (CPO – Certified Pest Control Operator SPID – Special Identification Card Holder)**

Printed Name:				Signature:		
Company/Employer Name:				Company License Number:		
License Number:			Email:			
License Type:	<input type="checkbox"/> CPO	<input type="checkbox"/> SPID	<input type="checkbox"/> Employee	Cell phone:		
Printed Name:				Signature:		
Company/Employer Name:				Company License Number:		
License Number:			Email:			
License Type:	<input type="checkbox"/> CPO	<input type="checkbox"/> SPID	<input type="checkbox"/> Employee	Cell phone:		
Printed Name:				Signature:		
Company/Employer Name:				Company License Number:		
License Number:			Email:			
License Type:	<input type="checkbox"/> CPO	<input type="checkbox"/> SPID	<input type="checkbox"/> Employee	Cell phone:		
Printed Name:				Signature:		
Company/Employer Name:				Company License Number:		
License Number:			Email:			
License Type:	<input type="checkbox"/> CPO	<input type="checkbox"/> SPID	<input type="checkbox"/> Employee	Cell phone:		
Printed Name:				Signature:		
Company/Employer Name:				Company License Number:		
License Number:			Email:			
License Type:	<input type="checkbox"/> CPO	<input type="checkbox"/> SPID	<input type="checkbox"/> Employee	Cell phone:		
Printed Name:				Signature:		
Company/Employer Name:				Company License Number:		
License Number:			Email:			
License Type:	<input type="checkbox"/> CPO	<input type="checkbox"/> SPID	<input type="checkbox"/> Employee	Cell phone:		
Printed Name:				Signature:		
Company/Employer Name:				Company License Number:		
License Number:			Email:			
License Type:	<input type="checkbox"/> CPO	<input type="checkbox"/> SPID	<input type="checkbox"/> Employee	Cell phone:		

**COMMENTS/ISSUES REGARDING THIS TRAINING SESSION:**


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