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**Texas Department of Agriculture**  
**Supplement to Pesticide CEU Recertification Sponsorship**

**PA-409S**

COMMISSIONER SID MILLER

<b>SEC. A</b>	<b><sup>1</sup> VERIFICATION INFORMATION</b>	
	Course Provider Name	TDA Client No.

<b>SECTION B</b>	<b><sup>1</sup> COURSE SITE AND DATE</b>			
	2. Course Location or web address if online		Address of Training	
	City of Training	State of Training	Zip Code of Training	County of Training
	Date MM/DD/YYYY	Time : <input type="checkbox"/> AM <input type="checkbox"/> PM	Expected No. of Participants	
	3. Course Location or web address if online		Address of Training	
	City of Training	State of Training	Zip Code of Training	County of Training
	Date MM/DD/YYYY	Time : <input type="checkbox"/> AM <input type="checkbox"/> PM	Expected No. of Participants	
	4. Course Location or web address if online		Address of Training	
	City of Training	State of Training	Zip Code of Training	County of Training
	Date MM/DD/YYYY	Time : <input type="checkbox"/> AM <input type="checkbox"/> PM	Expected No. of Participants	
	5. Course Location or web address if online		Address of Training	
	City of Training	State of Training	Zip Code of Training	County of Training
	Date MM/DD/YYYY	Time : <input type="checkbox"/> AM <input type="checkbox"/> PM	Expected No. of Participants	

**This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)**

Name \_\_\_\_\_

<b>SECTION C</b>	<b><sup>1</sup> INSTRUCTOR NO. 6 INFORMATION (CONTINUED FROM FORM PA-409)</b>			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____	First Name	M. I.	Last Name
	Presentation Title			Length of Presentation HH:MM
	Description of Presentation Content/Course Outline			
<b><sup>2</sup> CONTACT INFORMATION</b>				
Primary Phone ( ) -		Secondary Phone (optional) ( ) -	Fax (optional) ( ) -	

<b>SECTION C (continued)</b>	<b><sup>1</sup> INSTRUCTOR NO. 7 INFORMATION</b>			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____	First Name	M. I.	Last Name
	Presentation Title			Length of Presentation HH:MM
	Description of Presentation Content/Course Outline			
<b><sup>2</sup> CONTACT INFORMATION</b>				
Primary Phone ( ) -		Secondary Phone (optional) ( ) -	Fax (optional) ( ) -	

<b>SECTION C (continued)</b>	<b><sup>1</sup> INSTRUCTOR NO. 8 INFORMATION</b>			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____	First Name	M. I.	Last Name
	Presentation Title			Length of Presentation HH:MM
	Description of Presentation Content/Course Outline			
<b><sup>2</sup> CONTACT INFORMATION</b>				
Primary Phone ( ) -		Secondary Phone (optional) ( ) -	Fax (optional) ( ) -	

<b>SECTION C (continued)</b>	<b><sup>1</sup> INSTRUCTOR NO. 9 INFORMATION</b>			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____	First Name	M. I.	Last Name
	Presentation Title			Length of Presentation HH:MM
	Description of Presentation Content/Course Outline			
<b><sup>2</sup> CONTACT INFORMATION</b>				
Primary Phone ( ) -		Secondary Phone (optional) ( ) -	Fax (optional) ( ) -	