

This course has been approved by the Department of Pesticide Regulation for the following Continuing Education hours:

_____ Laws _____ Other _____ Aerial _____ Total

Course Information	
DPR ID Code:	Title:
Location:	Date:
Sponsor Name:	

Attendee Instructions:

Complete the remainder of this page. This is intended to serve as proof of your attendance at this course, so please keep a copy for your records. Please do not submit this record back to PAPA.

Attendee Information		A
Name: KICHARD LOQUACE	DPR License/Ce	ertificate #: <u>AHL 105/87</u>
Actual CE Hours Attended		
LawsOther	Aerial	Total Earned
I declare, under penalty of perjury	and by the laws c	of the State of California,
that the above information is true and correct.		
(Kinhan Rogan		
Attendee Signature		