

**ARKANSAS STATE PLANT BOARD  
VERIFIABLE ON-THE-JOB TRAINING RECORD  
(Please Print or Type)**

License Holder (Company Name): \_\_\_\_\_

License Holder's license number: \_\_\_\_\_

Agent Trainee Name: \_\_\_\_\_

(Last)                      (First)                      (Middle)  
(Use name as shown on Driver's License)

Agent Trainee Employment Start Date: \_\_\_\_\_

Date(s) of Training	Topic #	O.J.T. Hours	Agent Trainee (Initial)	Trainer (Signature)

Agent Trainee's Signature: \_\_\_\_\_

**License Holder ID#** \_\_\_\_\_

# Verifiable On-the-Job Training Requirements

<u>Topic</u>	<u>Hours</u>
1. Pest Identification .....	2.5
2. Labels and mixing of pesticides .....	5
3. Personal protective equipment .....	2.5
4. Job site preparation and pesticide application .....	30
<b>Total - 40 hours</b>	

The forty hours of verifiable on-the-job training must be performed under the direct supervision, direction, and control of a qualified trainer. A qualified trainer shall be a commercial applicator or agent with at least one year of experience in the pest control industry or other individual approved by the Plant Board. During the application of pesticides a qualified trainer must be physically present on the job site.