

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



Department of Agricultural Resources
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CHARLES D. BAKER
Governor

KARYN E. POLITO
Lt. Governor

MATTHEW A. BEATON
Secretary

JOHN LEBEAUX
Commissioner

MA. Approved Pesticide Applicator Continuing Education (PACE) Training Program

INTERNATIONAL ASSOCIATION OF CERTIFIED HOME INSPECTORS (InterNACHI)

www.nachi.org/wdocourse.htm

(ID NO: 2019-00063)

Training Information

Title: **WOOD-DESTROYING ORGANISM INSPECTION COURSE**
Date provided: **ONLINE COURSE: GOOD THROUGH 12/31/19**
Time provided: **N/A ONLINE.**
Number of Credits Offered: **SIX (6) contact hrs.**
Licenses Credits are Valid for: **41, 43, CORE (L-000)**
Provider: **InterNACHI**
Contact Info: **Ben Gromicko (720) 735-7125 or education@internachi.org**

NOTE: The total number of contact hours/credit hours obtained for any online course or module is not to exceed 1/2 of the total MA continuing education contact hour requirement to maintain or revalidate a pesticide certification and/or license Also, a particular course may be repeated once during any three (3) year recertification or revalidation cycle but not within twelve (12) months. **NOT TO EXCEED 3 CONTACT HOURS FOR COMMERCIAL APPLICATOR (CORE) LICENSE (L-000).**

Applicator Information

Name (print): _____

License Number: _____

License/Category Credit(s) applied to: _____

Name (signature): _____

IMPORTANT: THE APPLICATOR MUST SAVE THIS COMPLETED FORM FOR YOUR RECORDS. THIS FORM IS YOUR PROOF THAT YOU HAVE ATTENDED AN APPROVED MASSACHUSETTS PESTICIDE TRAINING PROGRAM. THIS FORM IS ONLY VALID ALL THE INFORMATION ON FORM HAS BEEN FILLED OUT. THE APPLICATOR SHOULD RETAIN THIS FORM UNTIL SUCH TIME THE DEPARTMENT REQUESTS PROOF OF TRAINING ATTENDANCE

Training Provider Signature:  _____

State Agency Approval by:  _____

TREVOR L. BATTLE, ENVIRONMENTAL HEALTH INSPECTOR