Verification of Training Form
Verification of training completed to fulfill the requirements of the Nebraska Pesticide Act for persons working under the direct supervision of a licensed pesticide applicator.

**Supervised Unlicensed Applicator**

Name: ________________________________  
Date of first pesticide application under another’s direct supervision: ________________

**Supervising Applicator**

Name: ________________________________  License Number: ____________  
Employer: _____________________________  License Categories: ____________

**Training Record**

1. Equipment Calibration:  
   Training detail:  
   Date: _____________

2. Personal Protective Equipment:  
   Training detail:  
   Date: _____________

3. Product-specific Directions For Use:  
   Training detail:  
   Date: _____________

4. **On-site training** provided with product: _____________________  
   Location:  
   Date: _____________

5. List of product labels discussed and provided to trainee  
   Date: _____________

**To be signed by trainee** when all training is completed:

“I have completed the training detailed above while working under the direct supervision of the supervisor listed on this form. I understand this is a 60-day once-in-a-lifetime exemption from licensing, after which I am legally prohibited from making pesticide applications without a license.”

Signature of trainee: ________________________________  
Date: ____________