GREEN SHIELD CERTIFIED
Annual Renewal Application

It is that time of year to renew your facility's Green Shield certification. Please update as completely as possible, answering all questions with your most current information.

Facility Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Green Shield Certified program contact:

Name, title:_____

Phone: _____

Certifications/licenses (agency/category/no/exp date): _____

Facility profile information:

Number of employees: _____

Number of users: _____

Number/types of facilities:_____

_____

List pesticide trade name and EPA Registration Numbers from label for all products currently in use (or attach an existing list):

_____

_____

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Please update us on the status of your IPM program improvements identified during the evaluation plus any additional goals that you are planning or working on.

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Please take a moment to give us feedback about the Green Shield Certified program and the IPM Institute.

Please write your comments or any improvements you would like to see implemented by Green Shield Certified or the IPM Institute.

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Thank you for your comments!