

# Pesticide Applicator, Spanish

Tuesday  
January 31, 2012

9:00 am—3:50 pm

Clairmont Hall 118

Clackamas Community  
College  
19600 Molalla Ave  
Oregon City, OR 97045

Fee: \$35.00

Un repaso del uso apropiado y seguro de pesticidas, equipo protector, mezclar, cargar, rociar, almacenar, transporte y equipo de aplicación.

A review of the safe use of pesticides, protective equipment, mixing, loading, spraying, storage, transportation and application equipment. **ODA and Landscape Contractors Board recertification credits anticipated.**

Information available from Loretta at  
[lorettam@clackamas.edu](mailto:lorettam@clackamas.edu) or 503-594-3292

Campus map: <http://www.clackamas.edu/documents/campusmap.pdf>



## QUICK ENTRY REGISTRATION FORM 2011-2012

Social Security # **or** Student I.D.# \_\_\_\_\_ Birthdate \* \_\_\_\_\_ Today's Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Previous names

Mailing address \_\_\_\_\_  
Street City State County Zip

Telephone \_\_\_\_\_  
Home Work

High school attended \_\_\_\_\_  
Name Location Graduation Date

SUMMER  FALL  
 WINTER  SPRING

Providing your Social Security Number (SSN) is voluntary. If you provide it, the college will use your SSN for keeping records, doing research, aggregate reporting, extending credit and collecting debts. Your SSN will not be given to the general public. If you choose not to provide your SSN, you will not be denied any rights as a student. Providing your Social Security Number means that you consent to the use of the number in the manner described.

\* If you're under 18, additional permissions may be required before you can register for classes.

**Gender**  Male  Female

**Ethnicity**  Hispanic or Latino  Not Hispanic or Latino

**Race** (Choose all that apply)  American Indian/Alaska Native  Asian  
 Black or African America  Native Hawaiian or other Pacific Islander  White

**Residency/Student Type** (Required for tuition purposes)  
 **In State** (US citizen or permanent resident of Oregon, CA, ID, WA, or NV 90 days prior to first day of class.)  Immigrant  Refugee  Other  
 **Out of State**  
 US citizen and permanent resident outside of Oregon, CA, ID, WA, NV  
 International visitor (B, J, H or other nonstudent Visa)  
 International student (requires I-20)

**Intended Academic Program**  
 Program Code/Title \_\_\_\_\_

**Previous College Attendance**  
 Yes  No  
 Name of School \_\_\_\_\_

**Reason for Enrolling**  
 Transfer classes  Reading/writing/math skills  
 Learn job skills  Learn English language  
 Update job skills  Personal interest  
 High school completion/GED  Other  
 Explore career/academics

Crs. Reg.#	Section No./Course Title	Credits/CEU	Time	M	T	W	Th	F	S	Room	Start Date	Crs. Fee/Tuition
216407	HOR 009-03 Pesticide Applicator, Spanish		9:00am—3:50 pm		X					C 118	1/31/12	\$ 35.00

**Payment by:**  
 VISA/Mastercard/Discover    
 Check  Cash  Other \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Name on card \_\_\_\_\_  
 Signature \_\_\_\_\_

**FAX to: 503-722-5864 or Mail to:**  
**Registrar, Clackamas Community College**  
**19600 Molalla Avenue**  
**Oregon City, OR 97045-7998**

A registration confirmation will not be mailed. Please verify your enrollment by going to [cougartrax@clackamas.edu](mailto:cougartrax@clackamas.edu)