



THIS FORM MUST BE COMPLETED AND MAILED TO THE FOLLOWING ADDRESS:

Attention: Termite Control Product Manager  
BASF Corporation  
26 Davis Drive  
Research Triangle Park, NC 27709

### Trained Form

This document shall certify that a representative from the following Pest Control company has completed a Termidor Training Program and is authorized to purchase Termidor products from all approved BASF Agents. Upon the submission of this form, all BASF Agents will be notified of your Partner status.

I was fully trained on \_\_\_\_\_ products by \_\_\_\_\_  
BASF Representative/Agent

(Please print and complete all information)

\_\_\_\_\_  
Company Name Company Owner/Principal Name Partner #

\_\_\_\_\_  
Attendee Name(s)

\_\_\_\_\_  
Company Shipping Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Office Phone Office Fax E-mail Address

As a result of completing the above Termidor Training Program, the above named Pest Management Company is now eligible to start purchasing Termidor products effective immediately.

\_\_\_\_\_  
Participant Signature Date

Always read and follow label directions.

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