



Gary W. Black  
Commissioner

# Georgia Department of Agriculture Certified Animal Feeding Operator Continuing Education Record

Name \_\_\_\_\_ Certificate Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I hereby submit the following for Continuing Education credit(s) toward my Animal Feeding Operator Certification:

SUBJECT/TITLE	MAIN INSTRUCTOR	EVENT AND LOCATION	DATE	LENGTH (IN HALF HOURS)
1.				
2.				
3.				
4.				
5.				
6.				

If subject has not been pre-approved, please provide a brief description of the subject on the back of this form.

Type Certification: Swine  Dairy  Commercial Layer  Poultry (dry litter)

I certify that this is a true and accurate record of my Continuing Education.

\_\_\_\_\_  
Certified Animal Feeding Operator  
(Signature)

\_\_\_\_\_  
Date

Georgia Department of Agriculture Use Only		
CE Pre-approved: <input type="checkbox"/> yes <input type="checkbox"/> no		
CE Reviewed and Approved by: _____	Title: _____	Date: _____

Mail or fax this completed form to:  
Georgia Department of Agriculture, NPDES/LAS Permitting, P.O. Box 7847, Gainesville, Georgia 30504  
Phone (770) 535-5955, Fax (770) 531-6483