



## Texas Landscape Irrigation Auditor WaterSense Certificate Renewal

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

<b>Customer Base</b> <i>(Circle All That Apply)</i>		
Residential	Commercial	Residential Development
Available for Hire:		Yes No

Email \_\_\_\_\_

CEU Course Completed \_\_\_\_\_

Course Location \_\_\_\_\_ Date Completed \_\_\_\_\_

Date of Certificate Expiration \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
For Official Use

\_\_\_\_\_ Verification of Audit Documentation

\_\_\_\_\_ Verification of Course Completion

Approved for Renewal: YES NO

\_\_\_\_\_  
Signature of AgriLife Staff who conducted verification

\_\_\_\_\_  
Date