

Verification of WPS Pesticide Safety Training

Date of training: _____ (mm/day/yr)

TYPE OF TRAINING

Trainer name: _____

[] WORKER [] HANDLER

Signature of trainer: _____

Trainer's employer: _____

Trainer qualifications:

- Certified Pesticide Applicator Trained as WPS Handler (may train Workers only)
- Designated as Trainer of Certified Pesticide Applicators or WPS Handlers by State/Tribe/EPA
- Completed a WPS Train-the-Trainer Program approved by State/Tribe/EPA

Training methods (check all that apply):

- Audiovisual Oral from written material Language: _____

List of training materials used:			EPA Approved	
			YES	NO
1.				
2.				
3.				
4.				
5.				
Employee name (print) (Nombre del Empleado en Letra de Molde)	Employee signature (La Firma del Empleado)	WPS Card number	Employer	
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