



HANDLER TRAINING ROSTER

WORKER PROTECTION STANDARD

State of New Jersey
 Department of Environmental Protection
 Bureau of Pesticide Compliance
 401 East State Street
 P. O. Box 420
 Mail Code 401-04A
 Trenton, New Jersey 08625-0420
 TEL. (609) 984-6568 FAX (609) 984-6555
<http://www.nj.gov/dep/enforcement/pcp/pcp-wps.htm>



Please print all information clearly and completely

TRAINER NAME: _____ TRAINER ID#: _____

DATE OF TRAINING: _____ LANGUAGE USED FOR TRAINING: _____

AGRICULTURAL EST./ FARM NAME: _____ AG. EMPLOYER E-MAIL: _____
 (Use separate roster for each agricultural employer)

PHYSICAL ADDRESS: _____

	COMPLETE STREET ADDRESS	CITY	STATE	ZIP CODE	
HANDLER'S FULL NAME (PRINT)	HANDLER'S SIGNATURE	LAST FOUR DIGITS OF SS#	DATE OF BIRTH	NATIVE LANGUAGE	NATIONALITY
1.					
2.					
3.					
4.					
5.					
6.					

EPA APPROVED TRAINING MATERIALS USED:

1. Title: _____ Approval #: _____
2. Title: _____ Approval #: _____
3. Title: _____ Approval #: _____
4. Title: _____ Approval #: _____
5. Title: _____ Approval #: _____

ALL EPA APPROVED MATERIALS HAVE AN ASSIGNED EPA #. TO LIST ADDITIONAL INFORMATION, PLEASE USE A SEPARATE PAGE IF NECESSARY.

