



WORKER 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/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
WORKER'S FULL NAME (PRINT)	WORKER'S SIGNATURE	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.

WORKER TRAINING ROSTER

TRAINER NAME: _____ TRAINER ID#: _____

DATE OF TRAINING: _____

Please print all information clearly

WORKER'S FULL NAME (PRINT)	WORKER'S SIGNATURE	DATE OF BIRTH	NATIVE LANGUAGE	NATIONALITY

EPA APPROVED TRAINING MATERIALS USED:

- 6. Title: _____ Approval #: _____
- 7. Title: _____ Approval #: _____
- 8. Title: _____ Approval #: _____
- 9. Title: _____ Approval #: _____
- 10. Title: _____ Approval #: _____

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