



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

TRAINER NAME: _____ TRAINER ID#: _____

DATE OF TRAINING: _____ LANGUAGE USED FOR TRAINING: _____

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

PHYSICAL ADDRESS: _____
 (to include street address number, street name, City, State and Zip Code)

HANDLER'S FULL NAME (PRINT)	HANDLER'S SIGNATURE	HANDLER NUMBER	DATE OF BIRTH	NATIVE LANGUAGE
1.				
2.				
3.				
4.				
5.				
6.				

EPA APPROVED TRAINING MATERIALS USED:

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

- Approval #: _____
- Approval #: _____
- Approval #: _____
- Approval #: _____
- Approval #: _____

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

SUBMIT ROSTER TO NJDEP BUREAU OF PESTICIDE C&E VIA FAX TO (609) 984-6555 WITHIN (30) DAYS OF TRAINING

Revised 1/2020

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