

# WPS Training Verification Record

Employer name: \_\_\_\_\_ Farm name: \_\_\_\_\_

Trainer name: \_\_\_\_\_ Trainer certification number: \_\_\_\_\_

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Year of training                      EPA approval # for WPS **worker** training material used                      EPA approval # for WPS **handler** training material used

The undersigned agrees that he/she has attended WPS training which was presented in a language that he/she understands and that his/her questions were answered.

Employee name (print)	Employee signature	Has received training in the following area(s) (write date of training)	
		Worker	Handler

*[Agricultural workers and handlers are entitled to reasonable protection from pesticide exposure. Review employer responsibilities at any time on EPA's website.]*