

WPS Training Verification Record

Employer name: _____ Farm name: _____

Trainer name: _____ Trainer certification number: _____

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.]