



Arizona Department of Agriculture

1688 W. Adams, Phoenix, AZ 85007

Phone: 602-542-0901

Fax: 602-542-5457

Worker Protection Standard - Pesticide Safety Training Log

Training was held for: Handler Training Worker Training

Training was Held in: English Spanish

Name of Trainee's Company or Employer:	Training Location: _____ Address: _____	Trainer Name: _____ Trainer Certificate #: _____ Expires: _____
Date of Training:	City: _____ State: ____ Zip: _____ County: _____	Date Card(s) Issued: _____ Date Card(s) Expire: _____

No.	Trainee's Name (Please Print)	Unique Number Assigned	Trainee's Signature	WPS Card # Issued
1				
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Please Mail or fax copy of the Completed form to the address or fax number listed above to the attention of Delia Rodriguez

The undersigned hereby verify that all requirements have been met pursuant to A.A.C. R-3-3-1003.

I understand that providing false information in the State of Arizona is a felony.

Trainer's Signature

Date