



HANDLER TRAINING ROSTER

WORKER PROTECTION STANDARD

State of New Jersey
 Department of Environmental Protection
 Bureau of Pesticide Control
 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>



FILL OUT ENTIRE FORM IN ORDER TO BE COMPLIANT WITH RULE N.J.A.C. 7:30-12.16(n).

TRAINER NAME: _____ TRAINER ID#: _____

DATE OF TRAINING: _____ LANGUAGE USED FOR TRAINING: _____

AGRICULTURAL EST./FARM NAME: _____ TRAINER E-MAIL: _____

(Please use separate roster for each agricultural employer)

AG. LOCATION ADDRESS: _____

(to include street address, street name, City, State, Zip Code)

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

EPA APPROVED MATERIALS USED:

1. Title Approval # _____ Approval # _____
2. Title Approval # _____ Approval # _____
3. Title Approval # _____ Approval # _____
4. Title Approval # _____ Approval # _____
5. Title Approval # _____ Approval # _____

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

SUBMIT ROSTER TO NJDEP BUREAU OF PESTICIDE CONTROL VIA FAX (609) 984-6555 WITHIN 30 DAYS OF TRAINING. This is required by the State of New Jersey,

Department of Environmental Protection, Pesticide Control Program, per Regulation N.J.A.C 7:30-12.16(n) & 12.16(q).

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DATE OF TRAINING: _____

Please print all information clearly.

HANDLER'S FULL NAME (PRINT)	HANDLER'S SIGNATURE	DATE OF BIRTH	NATIVE LANGUAGE	NATIONALITY (STATE/COUNTRY)

EPA APPROVED MATERIALS USED:

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