



APPLICATION FOR WORKER PROTECTION STANDARD TRAINER RECOGNITION

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
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<http://www.nj.gov/dep/enforcement/pcp/pcp-wps.htm>

Important Instructions:

1. Type or print clearly.
2. Incomplete or unclear applications will be returned.

Last Name: _____ First Name: _____ MI: _____

Mailing Address:

Actual Street Address (if different from above):

Business E- Mail: _____

County: _____ Telephone #: (_____) _____ - _____

Name & Address of the Business or Farm (if different from above):

Type of business(check all that apply):

Agricultural Establishment Fruit Vegetable Nursery Greenhouse (Enclose Production)

Non-Agricultural Academic Institution Non-Profit Organization Government Agency

Other please specify: _____

For Personal Identification:

Sex: M__F__

Type of Trainer (check all that apply)

Worker Handler Train-the-Trainer (person who will train other trainers, Contact our office first)

Check one: Pesticide applicator State government Private organization

Pesticide License#: _____ Previous Trainer ID #: _____
(If applicable) (If applicable)

As a Trainer of agricultural workers and/ or handlers, I agree to the follow terms:

1. Worker and/ or handler trainings shall be conducted within the last 12 months of the previous training provided.
2. Keep worker and/or handler training rosters for three years.
3. Complete records of training as provided by the Bureau of Pesticide Compliance in the worker/ handler training roster/ records of training format.
4. Worker/ handler rosters shall be kept by the agricultural establishment, and the Trainer who provided the training.
5. Be sure that all trainees sign the roster/record of training on the date that the training is completed.
6. Mail or send by other media, the original handler roster/ record of handler training to NJDEP-Bureau of Pesticide Compliance, within 30 days after the training has been provided.
7. The agricultural employer shall provide to the employee or the designated representative upon request, a copy of the training roster.
8. Be aware the Department reserves the right to suspend, revoke, or remove the rights of an individual to be a recognized trainer of agricultural workers and/or handlers.

Signature indicates agreement with terms listed above:

Trainer Provider Agreement

I agree to use Approved EPA pesticide safety training material(s) that include Worker Protection Standard Update New Revision and Implementation.

Applicant Name (Please print clearly): _____

Applicant's signature: _____ Date: _____