



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
 EMAIL wpspesticides@dep.nj.gov
 http://www.nj.gov/dep/enforcement/pcp/pcp-wps.htm



Please print all information clearly.
FILL OUT ENTIRE FORM IN ORDER TO COMPLY 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 EMPLOYER EMAIL: _____
 (Please use separate roster for each agricultural employer)

AGRICULTURAL PHYSICAL ADDRESS: _____
 (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 LIST FOR ADDITIONAL INFORMATION.
SUBMIT ROSTER TO NJDEP BUREAU OF PESTICIDE CONTROL VIA EMAIL, FAX, OR MAIL WITHIN 30 DAYS OF TRAINING.

This is required by the New Jersey Department of Environmental Protection, Bureau of Pesticide Control, per N.J.A.C. 7:30-12.16(q).

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