



# WORKER TRAINING ROSTER

## WORKER PROTECTION STANDARD

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  
 TEL. (609) 984-6568 FAX (609) 984-6555  
<http://www.nj.gov/dep/enforcement/pcp/pcp-wps.htm>



*Please print all information clearly*

TRAINER NAME: \_\_\_\_\_ TRAINER ID#: \_\_\_\_\_

DATE OF TRAINING: \_\_\_\_\_ LANGUAGE USED FOR TRAINING: \_\_\_\_\_

AGRICULTURAL EST./FARM NAME: \_\_\_\_\_ AG. EMPLOYER E-MAIL: \_\_\_\_\_  
(please use separate roster for each agricultural employer)

PHYSICAL ADDRESS: \_\_\_\_\_  
(to include street address number, street name, City, State and Zip Code)

WORKER'S FULL NAME (PRINT)	WORKER'S SIGNATURE	WORKER NUMBER	DATE OF BIRTH	NATIVE LANGUAGE
1.				
2.				
3.				
4.				
5.				
6.				

### EPA APPROVED TRAINING MATERIALS USED:

1. Title: \_\_\_\_\_
2. Title: \_\_\_\_\_
3. Title: \_\_\_\_\_
4. Title: \_\_\_\_\_
5. Title: \_\_\_\_\_

- Approval #: \_\_\_\_\_
- Approval #: \_\_\_\_\_
- Approval #: \_\_\_\_\_
- Approval #: \_\_\_\_\_
- Approval #: \_\_\_\_\_

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

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TRAINER NAME: \_\_\_\_\_ TRAINER ID#: \_\_\_\_\_

DATE OF TRAINING: \_\_\_\_\_

*Please print all information clearly*

#	WORKER'S FULL NAME (PRINT)	WORKER'S SIGNATURE	WORKER NUMBER	DATE OF BIRTH	NATIVE LANGUAGE

**EPA APPROVED TRAINING MATERIALS USED:**

- 1. Title: \_\_\_\_\_
- 2. Title: \_\_\_\_\_
- 3. Title: \_\_\_\_\_
- 4. Title: \_\_\_\_\_
- 5. Title: \_\_\_\_\_

- Approval #: \_\_\_\_\_
- Approval #: \_\_\_\_\_
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