



Washington
State Department of
Agriculture

Pesticide Management Division
PO Box 42560
Olympia WA 98504
1-844-388-2020

Worker Protection Standard (WPS) — Training Verification Record

For: _____ On: _____
Agricultural Employer Date

Trainer: _____
Printed Name Signature

Trainer's Business Name (if not the Ag Employer): _____

Trainer's Qualification	
WSDA Pesticide License Number: _____	Expiration Date: _____
WSDA Train the Trainer Certification: _____	Date Certified: _____

Source, Title, Description, and Number of EPA approved training materials used

Training Verification		
By signing below I agree I attended the above described WPS training and was trained as a Worker and/or Handler. The training was presented in a language I understand, and my questions were answered.		
Employee Name (print)	Trained as Worker (employee signature)	Trained as Handler (employee signature)

