



SUBMIT ROSTER TO NJDEP VIA FAX TO (609) 984-6555 WITHIN (30) DAYS OF TRAINING

**HANDLER 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>



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: _____
(include street address number, street name, City, State and Zip Code)

EPA-APPROVED TRAINING MATERIAL(S) USED (TITLE/EPA ID #): _____

HANDLER'S FULL NAME (PRINT)	HANDLER'S SIGNATURE	HANDLER ID # (if any)	DATE OF BIRTH	NATIVE LANGUAGE
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