



KEEP ON FILE FOR 3 YEARS.
SUBMITTAL OF WORKER RECORDS TO DEP NO LONGER REQUIRED



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>

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 #): _____

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