



**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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