



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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