



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>



Please print all information clearly

TRAINER NAME: _____ TRAINER ID#: _____

DATE OF TRAINING: _____ LANGUAGE USED FOR TRAINING: _____

TRAINING SITE/FARM NAME: _____

(Use separate roster for each agricultural employer)

COMPLETE ADDRESS: _____

WORKER'S FULL NAME (PRINT)	WORKER'S SIGNATURE	VERIFICATION CARD NUMBER	DATE OF BIRTH	NATIVE LANGUAGE	NATIONALITY (STATE/COUNTRY)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

