WPS TRAINING VERIFICATION RECORD

EPA Approval Number of the WPS Training Material Used: _____

Employer Name	Farm Name	Trainer Name	Trainer Certification Number

The undersigned agrees that he/she has attended WPS Training which was presented in a language that they understand, and that their questions were answered.

Employee Name (Print)	Employee Signature	Has Received Training in the Following Areas - Insert Date	
		Worker	Handler