



ADAM H. PUTNAM
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Agricultural Environmental Services



**TRAINER AGREEMENT
WORKER PROTECTION STANDARD
TRAINING VERIFICATION CARD PROGRAM**

Sections 487.051 and 570.07(23), F.S. and Rule 5E-2.039, F.A.C.
Telephone Number (352) 392-4721

As a condition of participating in the Florida Department of Agriculture and Consumer Services (FDACS) Environmental Protection Agency's (EPA) Worker Protection Standard (WPS) Verification Program, I will keep a record of the EPA training verification card numbers issued to me and will comply with the following:

- 1) I have completed a FDACS sponsored or approved train-the-trainer course or I'm currently a Certified Applicator of restricted-use pesticides.
- 2) I will issue EPA training verification cards only to trainees who have been trained according to the requirements of the Federal Worker Protection Standard (40 CFR Part 170.130 and 170.230), including the correct use of training materials developed or approved by EPA.
- 3) I will record trainee information on the verification cards, in ink or other indelible form.
- 4) I will retain a copy of a dated class roster signed by the trainer and the trainee, with the card number issued to the trainee, city or county and state where the training occurred, for at least five (5) years.
- 5) I will promptly respond to requests from EPA, FDACS, tribal agencies and/or agricultural employers for information concerning issued EPA training verification cards.
- 6) I will provide FDACS with a list of the total issued cards numbers for each calendar year, by February 1 of the following year.

Please send required information or inquiries to:

Florida Department of Agriculture and Consumer Services
Agricultural Workers Safety Program
Alachua Regional Service Center
14101 NW Hwy. 441, Suite 200
Alachua, FL 32615-5669
E-mail: wps@freshfromflorida.com
www.flaes.org

Phone No: (386) 418-5523
Fax No.: (386) 418-5527

NAME OF TRAINER : _____ ORGANIZATION NAME: _____

CERTIFICATE OF COMPLETION NO. _____ LICENSE APPLICATOR NO.: _____

ADDRESS: _____

PHONE NUMBER: () _____ DATE : _____