



ADAM H. PUTNAM
COMMISSIONER

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



Annual WPS Training Card Report
Worker Protection Standard (WPS) Regulation
EPA Training Verification Card Program

For Calendar Year _____

Cards Issued	From Card #	To Card #	Total #
AGRICULTURAL WORKERS (blue)			
PESTICIDE HANDLERS (green)			

Cards Voided or Lost	From Card #	To Card #	Total #
AGRICULTURAL WORKERS (blue)			
PESTICIDE HANDLERS (green)			

If you need additional space, please make a copy of this sheet or attach another sheet.

Please complete the following information:

Name of Trainer for WPS: _____

Signature of WPS Trainer: _____

Name of Organization or Company: _____

Mailing Address: _____

Date: _____ Phone Number: _____

Send Report to:

FDACS Bureau of Compliance Monitoring
Attn: WPS Coordinator
UF/IFAS Pesticide Information Office
Post Office Box 110710
Gainesville, Florida 32611-0710

Phone: (352) 846-0206

Fax: (352) 392-4721