



ADAM H. PUTNAM  
COMMISSIONER

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

**WORKER PROTECTION STANDARD  
TRAIN-THE-TRAINER (TTT)  
SPONSOR INSTRUCTOR REGISTRATION**

Section 487.2041, F.S.  
Telephone (386) 418-5525; FAX (386) 418-5527

**Submit or FAX to:**

Worker Safety Coordinator  
Alachua Regional Service Center  
14101 NW Hwy, 441 Suite 200  
Alachua, FL 32615-5669  
Email: [wps@freshfromflorida.com](mailto:wps@freshfromflorida.com)

**PERSONAL INFORMATION**

Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

E-mail address: \_\_\_\_\_ Contact Phone No.( \_\_\_\_\_ )

**SPONSOR ORGANIZATION INFORMATION**

Sponsor  
Organization  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

- Type of business:
- |   |  |
|---|--|
| <input type="checkbox"/> Educators (EDU)                | <input type="checkbox"/> Farm Worker Association or Advocacy Group (FWA) |
| <input type="checkbox"/> Labor Company/Contractor (LCC) | <input type="checkbox"/> Other (OTH) _____                               |
| <input type="checkbox"/> Training Business (TBS)        |  |

I, **CERTIFY** that I will conduct TTT Training that meets the **FDACS WPS TTT Training Criteria & Curriculum**. I agree to submit a copy of my training outline and any up-dated training outline thereafter, to the Florida Agricultural Workers Safety Coordinator for the respective evaluation.

\_\_\_\_\_  
Instructor's Signature

**Worker Safety Coordinator Office use only:**

Instructor's No: \_\_\_\_\_

Sponsor Location #: \_\_\_\_\_

Assigned by : \_\_\_\_\_