



ADAM H. PUTNAM  
COMMISSIONER

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

**WORKER PROTECTION STANDARD  
TRAINER APPLICATION**

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**

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

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

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

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

**EMPLOYER'S INFORMATION**

Agricultural Facility,  
Company or  
Organization Name: \_\_\_\_\_

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

- Type of business: (if applicable)
- |   |  |
|---|--|
| <input type="checkbox"/> Farm (FRM)                     | <input type="checkbox"/> Nursery (NUR)                 |
| <input type="checkbox"/> Greenhouse (GNH)               | <input type="checkbox"/> Forest (FOR)                  |
| <input type="checkbox"/> Educators (EDU)                | <input type="checkbox"/> Farm Worker Association (FWA) |
| <input type="checkbox"/> Labor Company/Contractor (LCC) | <input type="checkbox"/> Other (OTH) _____             |

I, **CERTIFY** that I have completed an FDACS/IFAS or other Organization sponsored approved Trainer-The-Trainer course and that the information provided in this document is correct.

\_\_\_\_\_  
**Participant's Signature**

**UF/IFAS or Organization use only:**

UF/IFAS or Organization  
Sponsor County Office: \_\_\_\_\_  
Instructor's Name: \_\_\_\_\_  
Instructor's Signature: \_\_\_\_\_

**WPS Coordinator Office use only:**

- Trainer No.: \_\_\_\_\_
- Certificate date: \_\_\_\_\_
- Issued by: \_\_\_\_\_