Date:	-
Employer's name:	
Training Material Title	

Training Material EPA#\_\_\_\_\_

I confirm that the named listed below has attended and completed an approved Worker Protection Training Program as specified in 40 CFR Part 170 of the Federal Worker Protection Standard.

## Trainer's Signature

Trainer's Name (printed)

Trainer's Certified Pesticide Applicator Number

I have completed an approved Worker Protection Standard Training Program, understand and can apply the information presented.

Handler Name (printed)	Handler Signature
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