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.

Worker Name (printed)	Worker Signature
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