

<p>_____</p> <p>Date of Training</p> <p>_____</p> <p>Employee Signature</p> <p>_____</p> <p>Trainer Signature</p> <p>EPA approval number for training materials:</p>	<p align="center">Worker Protection Standard Training</p> <p align="center"></p> <p>The trainer listed below hereby affirms that the trainee has completed the specified training as required by the Federal Worker Protection Standard.</p> <p>Trainer Name:</p> <p>Employee Name:</p> <p align="center">Worker training / Handler training (circle one)</p>
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<p>Employer:</p> <p>Type of Training Provided:</p> <p><input type="checkbox"/> Worker <input type="checkbox"/> Handler</p> <p>EPA Approval Number of Materials Used:</p> <hr/>	<p>Trainer Qualification(s):</p> <ul style="list-style-type: none"><input type="checkbox"/> State Designated Trainer<input type="checkbox"/> Trained Train the Trainer for Workers<input type="checkbox"/> Trained Train the Trainer for Handlers<input type="checkbox"/> Certified Private or Commercial Applicator <p>Certificate #:</p> <p>Issuing State:</p> <p>Expiration Date:</p> <p>Documentation of the trainer's qualifications is on file with the employer and can be requested from the employer if not provided with this card. Certification can be verified with the issuing state.</p>
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