



Worker Protection Standard Training Verification Card Request — Trainer Agreement

Please complete all applicable information. Instructions are listed on the reverse side of this form.

As a condition of participating the Washington State Department of Agriculture's Worker Protection Standard Training Verification Card Program, I certify that I qualify to provide WPS Training. I have completed the WSDA's WPS Train-the-Trainer Program. My WSDA WPS-Certified Trainer Number is: _____.

Trainer Information			
Name (Last, Middle, First)		Pesticide License Number (if any)	
Mailing Address (PO Box or Street Number)	City	State	Zip Code
Email Address		Phone Number	
Company/Agency Name		Company/Agency Phone Number	
WPS Card Type and Amount			
<input type="checkbox"/> Pesticide Handler Cards – Requested Number of Cards (Max. 50): _____			
<input type="checkbox"/> Agricultural Worker Cards – Requested Number of Cards (Max. 100): _____			
Agreement			
I will maintain records of WPS Training Verification Cards issued to me and will comply with the following stipulations:			
<input type="checkbox"/> I am fully aware of the WPS training requirements for field workers and pesticide handlers.			
<input type="checkbox"/> I will issue WPS training verification cards only to trainees who have been trained in accordance with the state's Worker Protection Standard requirements, including the correct use of EPA-approved training materials.			
<input type="checkbox"/> I will record required trainee information on the training verification cards with permanent ink or other indelible method.			
<input type="checkbox"/> I will retain copy of pesticide training records for at least two years as required.			
<input type="checkbox"/> I will promptly respond to requests from WSDA, EPA, or any other authorized agency for information concerning the issuance of WPS Training Verification Cards.			
Trainer Signature: _____		Date: _____	

Please send the completed form along with pesticide training records to WPSCardrequest@agr.wa.gov or mail to Washington State Department of Agriculture at the address above.

WSDA reserves the right to deny cards to individuals who do not meet and/or violate the conditions of this agreement.

For Official Use Only	
1. Date that request form and pesticide training records were received by WSDA staff: _____ Name of person who received documents: _____	
2. Was required paperwork complete? <input type="checkbox"/> Yes <input type="checkbox"/> No — use box on reverse side of this form	
3. Date request was received by Administrative Support: _____	
4. Date WPS Cards were mailed to Trainer: _____ By: _____	
<input type="checkbox"/> Pesticide Handler Card numbers issued to Trainer — From: H _____ To: H _____	
<input type="checkbox"/> Agricultural Worker Card numbers issued to Trainer — From: W _____ To: W _____	

**Worker Protection Standard
Training Verification Card Request — Trainer Agreement
Instructions**

1. Read and provide WSDA WPS-Certified Trainer Number on the line provided.
2. **Trainer Information:** Complete all boxes. Please print legibly.
3. **WPS Card Type and Amount:** Mark box for type of card desired and write the number (numerical) of cards requested in space provided. Do not request more than the maximum. If quantity of cards requested does not appear, the form will be returned for correction.
4. **Agreement:** Read all statements, and mark boxes. Checked boxes mean the WSDA WPS-Certified Trainer has read, understand, and agreed with each statement. Sign and date. A signature means that you have read and agree with the stipulations.
6. Email completed form with previous pesticide safety training records to: WPSCardrequest@agr.wa.gov or mail them to:
**Washington State Department of Agriculture
Pesticide Management Division
Technical Services and Education Program
21 North 1st Avenue, Suite 236
Yakima WA 98902**

Note: If you previously requested WPS cards and lost them, please complete form AGR-4158, Statement of Lost or Stolen WPS Cards, and submit along with this form.

For Official Use Only — Incomplete Requests

1. How was follow-up conducted? ☐ Phone Call ☐ Returned
Date: _____ By Whom: _____
2. Date complete documentation was received by WSDA staff: _____
Name of person who received documents: _____
3. Date request was received by Administrative Support: _____
4. Date WPS Cards were mailed to Trainer: _____ By: _____
☐ Pesticide Handler Card numbers issued to Trainer — From: H _____ To: H _____
☐ Agricultural Worker Card numbers issued to Trainer — From: W _____ To: W _____