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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Training  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Trainer Signature  EPA approval number for training materials: | **Worker Protection Standard Training**  The trainer listed below hereby affirms that the trainee has completed the specified training as required by the Federal Worker Protection Standard.  Trainer Name:  Employee Name:  Worker training / Handler training (circle one) |

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| **Employer:**  **Type of Training Provided:**  **□ Worker □ Handler**  **EPA Approval Number of Materials Used:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Trainer Qualification(s):**  □ State Designated Trainer  □ Trained Train the Trainer for Workers  □ Trained Train the Trainer for Handlers  □ Certified Private or Commercial Applicator  Certificate #:  Issuing State:  Expiration Date:  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. |