

I have viewed the tape entitled:

Pesticide Handlers and the Worker Protection Standard

This tape satisfies the Worker Protection Standards requirements for a pesticide handler safety training (40 CFR Part 170).

The trainer was present, willing and able to answer my questions and I understood the information.

My signature on this form means that I have received safety training for the Worker Protections Standard requirements for a pesticide handler.

Name _____

Address _____

City _____

State _____

Zip _____

Signature _____

Date _____

Social Security Number _____
(Optional)