DEPARTMENT OF PESTICIDE REGULATION

VOLUNTARY FIELD WORKER TRAINING VERIFICATION PROGRAM
APPLICATION/AGREEMENT

Directions: Complete and sign this application and attach a copy of the evidence used for qualification. Send to:
Department of Pesticide Regulation, Pest Management and Licensing Branch, Licensing and Certification Program,
P.O. Box 4015, Sacramento, California 95812-4015.

Name (Last, First, M.I.): ________________________________

Address: ____________________________________________

City/State/Zip Code: ____________________________________

Name of Firm/Organization: ______________________________

Business Telephone Number: ( ) __________ Fax Number: ( ) __________

Qualification Method: Indicate the method of qualification and attach a copy of the evidence used for qualification. Requests for approval of “Other trainer qualification” should be a letter and resume describing how you meet the fieldworker trainer qualifications in Section 6764 Title 3, California Code of Regulations.

☐ California Certified Private Applicator

☐ California Certified Commercial Applicator (Qualified Applicator License, Qualified Applicator Certificate, Journeyman Pilot Certificate)

☐ Other DPR-issued qualification (Pest Control Dealer Designated Agent License, Apprentice Pilot Certificate)

☐ California licensed Agricultural Pest Control Adviser

☐ County Biologist License (Pesticide Regulation or Investigation and Environmental Monitoring issued by the Department of Food and Agriculture)

☐ Currently Employed as a Farm Adviser with University of California Extension

☐ California Registered Professional Forester

☐ UCIPM Instructor Training Certificate (Issued on or after 1/1/93)

☐ UC Extension Instructor Training Certificate

☐ Other DPR-approved trainer qualification

☐ Other trainer qualification
I agree to issue U.S. EPA pesticide safety training verification cards to agricultural field workers only in compliance with the following requirements. I will:

(a) Issue U.S. EPA training verification cards only to trainees who are or have been trained according to requirements of the 1992 Federal Worker Protection Standard (40 CFR, Part 170.130).

(b) Use training materials developed or approved by U.S. EPA according to any instructions provided.

(c) Record trainee information on the verification cards in ink or other indelible form.

(d) Retain for five (5) years, a copy of a class roster, signed by the trainer and each trainee, indicating the card number issued to each trainee and the date and address of the location where the training occurred.

(e) Issue U.S. EPA training verification cards that match U.S. EPA specifications.

(f) Respond promptly to requests from U.S. EPA, DPR, county agricultural commissioners, or agricultural employers for information concerning U.S. EPA-issued training verification cards.

(g) If I decide to terminate this agreement, I will return any unused cards and the records described above to DPR.

Number of Training Verification Cards Requested: ____________________________

Signature: ____________________________ Date: ____________________________

DEPARTMENT USE ONLY

☐ APPROVED  ☐ DISAPPROVED

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NUMBER OF TRAINING VERIFICATION CARDS ISSUED: ____________________________

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SIGNATURE: ____________________________ DATE: ____________________________