



**ARIZONA DEPARTMENT OF AGRICULTURE**  
Environmental Services Agreement  
**TRAINER PROVIDER AGREEMENT**  
Worker Protection Standard (WPS)

**Office Use Only:**

Trainer Certificate #: \_\_\_\_\_

Processed By: \_\_\_\_\_

Date: \_\_\_\_\_

One year trainer provider agreement for an applicant certified as a :  PUP  PUC  PUG  PCA  
Pest Control Advisors (PCA) [AAC R3-3-207] and Certified Applicators (PUP/PUC/PUG) [AAC R3-3-208] may  
provide WPS Pesticide Safety Training for one (1) year as long as the above listed license is valid. Thereafter, this  
training certificate may be renewed for three (3) years upon completion of the Arizona Department of Agriculture's  
pesticide safety training program [AAC R3-3-1003(e)(3)]. **[Lic#: \_\_\_\_\_]**

This trainer provider agreement is for an applicant that has completed the Arizona Department of Agriculture's  
pesticide safety training program [AAC R3-3-1003(e)(3)]. **NOTE:** Upon satisfactory completion this training, your  
Arizona pesticide safety trainer certificate will be valid for three (3) years.

Name (please print): \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

**I will comply with the following requirements of this Arizona trainer agreement:**

- I will present to trainees a pesticide safety training program that meets the standards established in state regulations [AAC R3-3-1003(D)(1)-(D)(3)], and that includes the twenty-three (23) training points for agricultural workers and thirty-six (36) training points for pesticide handlers.
- I will use training materials that contain the required Federal Worker Protection Standard information (40 CFR, Part 170.401 and 170.501) and that has been approved by Environmental Protection Agency (EPA) and state regulations.
- I will issue AZDA-approved Training Verification Cards to Workers and Handlers who have been trained by me in accordance with the regulations contained in the Federal Worker Protection Standard (40 CFR, Part 170.401 and 170.501) and state regulations; I will do this immediately following the completion on the training.
- I will keep a record (in indelible ink) of every training I provide. This record will contain the name and signature of each trained Worker or Handler, unique identification number assigned by me to each trainee, the location where the training was conducted including the city, county and state and the training material EPA approval numbers. This record will include my name, signature and trainer number as well as the date of expiration.
- I will maintain these training records for two (2) years.
- I will promptly respond to requests to inspect or provide copies to the EPA, AZDA, tribal agencies, trainees or agricultural employers, of training records and training materials.
- I will only issue verification cards printed following using the AZDA templates and instructions.
- If I am found in violation of this agreement, EPA or AZDA rules, I understand that my trainer certificate may be suspended or revoked in accordance with R3-3-1003 (G).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_