Print Form

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ENVIRONMENTAL SERVICES DIVISION
OFFICE OF AGRICULTURAL SAFETY
REQUEST FOR WORKER/HANDLER CARDS

Name: _____WPS Trainer Certificate#:_____

Mailing Address _____

City _____ State_____ Zip_____

Phone_____Fax _____

Write in the number of cards you are requesting under the appropriate heading.

Number of cards requested: _____ Handler Cards _____Worker Cards

These cards are regulated and are signed out to you. Only the person receiving the cards from the Department can issue the cards. Please complete the required information when you issue the cards. You are **required** to maintain a training log of all the handler and worker cards you issue.

Note: We must receive a copy of your training log accounting for prior cards issued, before we process any requests for additional cards.

By signing below I hereby agree to abide by Arizona Revised Statute Title 3, Chapter 17, Article 1 and Title 3, Chapter 3, Article 10 of the Arizona Administrative Code.

Print Name _____Date_____

Signature _____
Signature of authorized person-receiving cards

For Office Use Only

Of Worker Cards Issued:_____Sequence Number From:_____To:_____
Of Worker Cards Issued:_____Sequence Number From:_____To:_____
Of Handler Cards Issued:_____Sequence Number From:_____To:_____
Of Handler Cards Issued:_____Sequence Number From:_____To:_____

Issued By:_____Date:_____