



**AZDA**  
ARIZONA  
DEPARTMENT  
OF AGRICULTURE

# Arizona Department of Agriculture

## WPS Pesticide Safety Training



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OF AGRICULTURE

Training Conducted: ___ Handlers ___ Worker	Presented In: ___ English ___ Spanish Other: _____
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Training Location:	Trainer Name:	<b>EPA-Approved Materials</b>
Address:	Certificate:      Expiration:	
Email:	Training Date:	
	Date Card(s) Expire:	

No.	Name (Please Print)	Signature	Unique ID (PUP, PUC, PUG)	Establishment Name
No.	Nombre	Firma		Nombre de la Granja
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The undersigned hereby verifies that all requirements have been met pursuant to A.A.C. R3-3-1003. I understand that providing false information in the State of Arizona is a felony.

El suscrito verifica que se ha cumplido con todos los requisitos de acuerdo con A.A.C. R3-3-1003. Comprendo que proveer informacion falsa en el Estado de Arizona es una felonía.

\_\_\_\_\_  
Signature/Firma

\_\_\_\_\_  
Date/Fecha