



Arizona Department of Agriculture
 1688 West Adams
 Phoenix, Arizona 85007

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AGRICULTURAL SAFETY PESTICIDE TRAINING RECORD LOG

EMPLOYER/AFFILIATION:	Training location (address/city/county/state/zip)	DATE OF TRAINING: _____
TRAINER NAME:		ISSUE DATE: _____
HANDLER TRAINING: <input type="checkbox"/> SPANISH <input type="checkbox"/> ENGLISH		EXPIRE DATE: _____
		TRAINER CERTIFICATE & EXPIRATION DATE
		WORKER TRAINING: <input type="checkbox"/> SPANISH <input type="checkbox"/> ENGLISH

#	Name of Trainee/ Worker (please print)	Social Security or Identification #	Signature of Trainee	Card # Issued Handler/Worker
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Please mail or fax a copy of the completed form to the address or fax number listed at the top of the page.

The undersigned does hereby verifies that all requirements have been met pursuant to A.A.C. R3-3-1003 et seq.

Signature of Trainer

Date

Rev 03/04