Mail Original Of This Form To:

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West Virginia Department of Agriculture Pesticides/R.E.A.D. WPS Training Record Sheet

Trainer's Name:	Trainer's #:		Training Date:/					
Training Location:					Trainer's Card Expires:/			
Employer:		(Cards will be mailed to employer to distribute)						
Employer address:		City			, WV Zip			
Last Name	First Name	X Worker	X Handler	X Trainer	Signature			

Last Name	First Name	X Worker	X Handler	X Trainer	Signature