Mail Original Of This Form To:
Tim Young
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Charleston, WV 25305-0190
Phone: 304-558-2209
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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