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West Virginia Department of Agriculture

Pesticide & Environmental Services Division

WPS Training Record Sheet

Trainer's Name: _____ **Trainer's #:** _____ **Training Date:** ___/___/____

Training Location: _____ **Trainer's Card Expires:** ___/___/____

Training Material EPA approval number: _____

Employer: _____ **(Cards will be mailed to employer to distribute)** **Phone:** _____

Employer address: _____**City** _____**, WV Zip**_____

Last Name	First Name	X Worker	X Handler	X Trainer	Signature

Revised 2026

Last Name	First Name	X Worker	X Handler	X Trainer	Signature