Arizona Department of Agriculture
1688 West Adams
Phoenix, Arizona 85007

Phone: (602) 542-0904
Fax: (602) 542-0466

AGRICULTURAL SAFETY PESTICIDE TRAINING RECORD LOG

EMPLOYER/AFFILIATION:	Training location (address/city/county/state/zip)	DATE OF TRAINING: _____ ISSUE DATE: _____ EXPIRE DATE: _____ TRAINER CERTIFICATE & EXPIRATION DATE
TRAINER NAME:		
HANDLER TRAINING: ☐ SPANISH ☐ ENGLISH		WORKER TRAINING: ☐ SPANISH ☐ 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