Florida Department of Agriculture and Consumer Services
Division of Agricultural Environmental Services

ANNUAL WPS TRAINING CARD REPORT
Worker Protection Standard (WPS) Regulation
EPA Training Verification Card Program

For Calendar Year ______

<table>
<thead>
<tr>
<th>Cards Issued</th>
<th>From Card #</th>
<th>To Card #</th>
<th>Total #</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGRICULTURAL WORKERS (blue)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PESTICIDE HANDLERS (green)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cards Voided or Lost</th>
<th>From Card #</th>
<th>To Card #</th>
<th>Total #</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGRICULTURAL WORKERS (blue)</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

If you need additional space, please make a copy of this sheet or attach another sheet.

Please complete the following information:

Name of Trainer for WPS: ____________________________________________________________

Signature of WPS Trainer: __________________________________________________________

Name of Organization or Company: _________________________________________________

Mailing Address: __________________________________________________________________

Date: ___________________________ Phone Number: ________________________________

Send Report to:
FDACS Bureau of Scientific Evaluation and Technical Assistance
Attn: WPS Coordinator
7950 Dani Dr Suite 140 PM B #24
Fort Myers, FL 33966

Phone: (850) 528-5402
Fax: (850) 617-7949

FDACS Form 13360 Rev. 03/15