

Texas Department of Agriculture *Federal Worker Protection Standard*

Train-the-Trainer

COMMISSIONER SID MILLER

	¹ FACILITY INFORMATION						
	Facility Name						
V	² PHYSICAL ADDRESS OF LOCATION OF LICENSEE, LICENSED ACTIVITIES OR EQUIPMENT						
SECTION	Address (No P.O. Box)						
SEC	City	State	Zip			County	
	Directions to Physical Location if address above is difficult to find						
(A	Attach a list of trainees and include requested inform	nation. U	Jse as m	any sheets	a necessary	r.)	
	¹ TRAINEE INFORMATION						
	Mr. Mrs. First Name			M. I.	Last Nam	e	
	Ms						
	Certified/Licensed Applicator Yes No		🗌 Em	ployer	Other		
NB	² MAILING ADDRESS						
SECTION	Address						
SE	City			State	Zip		
	³ CONTACT INFORMATION						
	Primary Phone Sec			Secondary Phone (optional)			
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This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

Name _____

	¹ TRAINEE INFORMATION								
	Mr. Mrs.	First Name		M. I.	Last Name				
	☐ Ms. □								
	Certified/Licensed A		Em Em	ployer [Other				
	² MAILING ADDRESS								
	Address								
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		³ CONTACT INFORMATION							
	Primary Phone Seconda		ary Phone (optional)						
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	Mr. Mrs.	First Name		M. I.	Last Name				
	☐ Ms. □								
T \	Certified/Licensed A		Emp	loyer Other					
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		³ CONTACT INFORMATION							
	Primary Phone	y Phone Second			ary Phone (optional)				
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	¹ TRAINEE INFORMATION								
	\square Mr. \square Mrs.	First Name		M. I.	Last Name				
	☐ Ms. □								
	Certified/Licensed Applicator Yes No Employer Other								
	² MAILING ADDRESS								
	Address								
	City			State	Zip				
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		³ CONTACT INFORMATION							
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Address City State Zip ³ CONTACT INFORMATION	Certified/License	d Applicator 🗌 Yes 🗌 No	🗌 Emp	loyer	Other			
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Primary Phone Secondary Phone (optional)	³ CONTACT IN	³ CONTACT INFORMATION						
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