Texas Department of Agriculture  
*Verification of Worker Protection Standard Card Issuance*

**PA-416**

### 1. TRAINER INFORMATION

- **Mr.** [ ]
- **Mrs.** [ ]
- **Ms.** [ ]
- **First Name**
- **M. I.**
- **Last Name**
- **TDA License No.**
- **TDA Client No.**

### 2. MAILING ADDRESS

- **Address**
- **City**
- **State**
- **Zip**

### 3. CONTACT INFORMATION

- **Primary Phone**
  - ( ) -
- **Secondary Phone** (optional)
  - ( ) -
- **E-Mail**
- **Would you prefer to be contacted by E-mail?**
  - **Yes** [ ]
  - **No** [ ]

### 4. TRAINING INFORMATION

- **Has the trainer been trained as a WPS trainer?**
  - **Yes** [ ]
  - **No** [ ]
- **Location where trained as WPS Pesticide Safety Trainer**
- **Date Trained**
  - / / 
  - month day year
- **Trained by**
  - **TDA** [ ]
  - **Other** (if other, complete contact information)
- **Name of Other Organization**
- **Address of Organization**
- **City**
- **State**
- **Zip**

### SECTION B

#### 1. CARDS REQUESTED

- **No. of Worker Cards Requested**
  - **No. W _____** to **No. W _____**
  - **Date cards mailed**
    - / / 
    - month day year
- **No. of Handler Cards Requested**
  - **No. H _____** to **No. H _____**
  - **Person Who Issued Cards**

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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.)

*Worker Protection and Applicator Certification and Training*

*Revised 3/15/06*

*Pesticide*