



Texas Department of Agriculture
Verification of Worker Protection Standard Card Issuance

PA-416

COMMISSIONER SID MILLER

SECTION A	¹ TRAINER INFORMATION			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____	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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	⁴ TRAINING INFORMATION			
Has the trainer been trained as a WPS trainer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Location where trained as WPS Pesticide Safety Trainer				
Date Trained / / month day year		Trained by <input type="checkbox"/> TDA <input type="checkbox"/> Other (if other, complete contact information)		
Name of Other Organization				
Address of Organization				
City	State	Zip		

SECTION B	¹ CARDS REQUESTED	FOR TDA USE ONLY	
	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	

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.)