

<p style="text-align: center;">Maine Board of Pesticides Control HANDLER TRAINING RECORD</p> <hr/> <p>(Employer Name)</p> <p>The undersigned employee, _____ (Employee name)</p> <p>has completed the Pesticide HANDLER and Agricultural WORKER pesticide safety training as required by the Federal Worker Protection Standard, 40 CFR Part 170. This training is valid for five years from the end of the month in which the training was conducted.</p>  <p>_____ (Employee signature)                      _____ (Instructor Signature)                      _____ (Date)</p>	<p style="text-align: center;">Maine Board of Pesticides Control CERTIFICATE OF HANDLER TRAINING</p> <p>This is to certify that</p> <p>_____</p> <p>as an employee of</p> <p>_____</p> <p>has completed the Pesticide HANDLER and Agricultural WORKER pesticide safety training as required by the Federal Worker Protection Standard. This training is valid for five years from the end of the month in which training was conducted.</p>  <p>_____ (Date)                      _____ (Instructor)</p>
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