2023 Pesticide Safety Training
March 9, 2023, Kelseyville, CA.

Pesticide safety training is an annual requirement for fieldworkers as well as handlers. This course meets the requirements put forth by the California Department of Pesticide Regulation. 2 hours of CE available. **Cost: $50 per person.** Space is limited, pre-registration is required. Contact us at (530) 848-0998 or imuzio@mvpsafety.org for questions about the training events.

Registration Form

Complete the form below, mail with check payable to ***MVP Safety Professionals,* 201 East Street, Woodland, CA 95776** *by* ***February 28, 2023*** or call our office at (530) 665-4422 to register. No refunds will be issued, credit can be used toward future Pesticide Safety courses or fit testing within the same year.

Company: _____ Contact Person: _____

Phone: _____Email: _____
(include area code)

Mailing Address: _____ City: _____ State/Zip: _____

Please check the event you are registering for, indicate the number of people for each session:

Training Location: Holdenried Harvesting, Inc., 3645 Benson Lane, Kelseyville, CA 95451

❑ *9:30 a.m. – 11:30 a.m. Spanish* _____ @ $50 each = $_____

❑ *1:00 p.m. - 3:00 p.m. English* _____ @ $50 each = $_____

Respirator Fit Testing from 11:30 a.m. to 12:30 p.m.

❑ Need *to be fit tested for number of masks*_____ @ $45 *each* = $_____

***Total**: $*_____

**All employees who will be fit tested must bring a copy of their medical clearance and their respirator with them on the day of testing and be free of facial hair that interrupts with the seal of their respirator. It is the employer's responsibility to ensure that the employee is using the correct type of respirator for the chemical they will be exposed to and that the company has a written respiratory protection program. Call us with questions.*

Employee Names (attach additional sheet if necessary):

_____ _____ _____

_____ _____ _____

_____ _____ _____

For office use only ❑ *Visa* ❑ *MasterCard* ❑ *American Express* ❑ *Cash* ❑ *Check* _____

CC# _____ Exp._____/_____ CID_____ Zip Code_____ Invoice