

# 2025 Pesticide Safety and Respirator Fit Testing

## Woodland, CA

Pesticide safety training is an annual requirement for pesticide handlers and fieldworkers. This course offers 2 CE Hours in Laws & Regulations.

**Tuesday, January 21, 2025**

**Location: Grow West, 201 East Street, Woodland, CA 95776**

**Spanish: 7:30 a.m.-10:30 a.m.**

**English: 11:30 a.m.-2:30 p.m.**

**Cost: \$70 per person/ \$60 per mask**

*Space is limited, pre-registration is required. Contact us at (530) 665-4422 or [lcrafft@mvpsafety.org](mailto:lcrafft@mvpsafety.org) for questions about the training events.*

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Complete the form below, mail with check payable to **MVP Safety, 201 East Street, Woodland, CA 95776**. Or call our office at (530) 665-4422 to make a payment over the phone with a credit card. No refunds will be issued, credit can be used toward future safety courses within the same year.

Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
(include area code)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Please indicate how many employees will attend each session:

**Grow West, 201 East Street, Woodland, CA 95776**

January 21, 2025

7:30 a.m.-10:30 a.m. Spanish \_\_\_\_\_ @ \$70 each = \$ \_\_\_\_\_

11:30 a.m.-2:30 p.m. English \_\_\_\_\_ @ \$70 each = \$ \_\_\_\_\_

**\*Respirator Fit Testing** @ \$60 per mask = \$ \_\_\_\_\_

*\*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.*

**Total: \$ \_\_\_\_\_**

Names of Employees (Please circle E for English or Spanish Sessions):

E / S \_\_\_\_\_ E / S \_\_\_\_\_  
E / S \_\_\_\_\_ E / S \_\_\_\_\_  
E / S \_\_\_\_\_ E / S \_\_\_\_\_

For office use only  Visa  MasterCard  American Express  Cash  Check \_\_\_\_\_  Payment Applied  Confirmation  Reminder

CC# \_\_\_\_\_ Exp. \_\_\_\_\_ / \_\_\_\_\_ CID \_\_\_\_\_ Zip Code \_\_\_\_\_ Invoice # \_\_\_\_\_

