

2026 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.

Thursday, March 26, 2026

Location: MVP Training Room, 1000 N East Street, Woodland, CA 95776

Spanish: 8:00 a.m.-11:00 a.m.

English: 12:00 p.m.-3:00 p.m.

Cost: \$75 per person/ \$65 per mask

Space is limited, pre-registration is required. Contact us at (530) 665-4422 or 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:

MVP Training Room, 1000 N East Street, Woodland, CA 95776

March 26, 2026 – Pesticide Safety

8:00 a.m.-11:00 a.m. Spanish _____ @ \$75 each = \$ _____

12:00 p.m.-3:00 p.m. English _____ @ \$75 each = \$ _____

***Respirator Fit Testing** @ \$65 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 # _____

