

WORKER PROTECTION STANDARD DESIGNATED REPRESENTATIVE REQUEST*

FARMWORKER
NAME

DATES OF
EMPLOYMENT

DATES OF RECORDS
REQUESTED

TYPE OF WORK
PERFORMED

SPECIFIC
APPLICATION &
HAZARD INFO
REQUESTED

I, _____ (*printed name*), authorize the below listed representative to request the specific pesticide application and hazard information on my behalf.

FARMWORKER
SIGNATURE

DATE

DESIGNATED
REP SIGNATURE

DESIGNATED
REP NAME

DATE OF
DESIGNATION

REP
EMAIL

REP
PHONE
NUMBER

REP
MAILING
ADDRESS

**In accordance with the WPS Rule 170.311(b)(9)*

Conditions of Information Request: Provision of information is limited to 2 yrs after expiration of the pesticide applied REI.
Records must be provided in 15 days of the request and at no charge.

Hazard Information that may be Requested by Designated Representative for the Farmworker

- A copy of the pesticide safety data sheet for the pesticide applied
- Name of Pesticide applied, EPA registration number, and active ingredients
- Crop or site treated, and the location and description of the treated area
- Date and time the application started and ended
- Duration of the applicable restricted entry interval for that application

Records Provided/Notes:

PRINTED NAME OF AG EMPLOYER/SUPERVISOR

SIGNATURE OF AG EMPLOYER/SUPERVISOR

DATE RECORDS PROVIDED/MAILED

DATE RECORDS RECEIVED

SIGNATURE OF DESIGNATED REPRESENTATIVE INDICATING RECEIPT OF RECORDS

Provided by



616-454-5055

Funded in part by the US EPA, in cooperation with the Mich Dept Ag & Rural Develop

Return a received/signed copy of this card to the ag employer