

Personnel Training Form

WET DECK LOG SPRAY GENERAL PERMIT COVERAGE NUMBER MSG17_____ AGENCY INTEREST NUMBER __ _ _ _ _ _ _



Instructions: Personnel responsible for implementing and/or complying with the requirements of the WDLSGP shall receive initial and periodic refresher training. Refresher training shall be received annually. Initial training shall be performed within twelve (12) months of issuance or reissuance of WDLSGP coverage and prior to performing responsibilities under the coverage. The trainee(s) and trainer shall sign and date this form.[2022 WDLSGP ACT 5, T-9]

Describe contents of training or indicate that contents are attached:		
"I certify under penalty of law that [2022 WDLSGP ACT 4, T-5]	this report is true, accurate, and complete, i	to the best of my knowledge and belief."
Trainee Name (printed)	Trainee Signature	Date
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Trainee Name (printed)	Trainee Signature	Date
Trainee Name (printed)	Trainee Signature	Date
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Trainee Name (printed)	Trainee Signature	Date
Trainee Name (printed)	Trainee Signature	Date
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Trainee Name (printed)	Trainee Signature	Date
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Trainee Name (printed)	Trainee Signature	Date
Trainee Name (printed)	Trainee Signature	Date
Trainer Name (printed)	Trainer Signature	Date