

PESTICIDE APPLICATION RECORD

Business Name: _____

Business License Number: 4000-_____

Applicator Name: _____

Applicator License Number: 4001-_____

Business Address: _____

Date of Application (Month/Day/Year): _____

Time of Application: _____ AM / PM

Name and address of the person or entity for whom the pesticide is applied: _____

Address, if the pesticide application location differs from above: _____

Pesticide Brand Name:	EPA Registration Number:	Mix Rate:	Total Square Footage or Total Size of Area Treated:	Total Amount of Dilution or RTU Used:	Specific Target Pest:	Specific Target Sites, Crops or Commodities or Stored Products: