

Private Restricted Use Pesticide Application Record

Applicator's Name _____ Applicator's License #4003-_____

If applicator not licensed, Supervisor's Name: _____

Supervisor's License Number #4003-: _____

Address, GPS Coordinates, Description or Map of where RUP applied: _____

Date: _____

Start Time: _____ AM / PM

End Time: _____ AM / PM

Brand Name of RUP:	Active Ingredient:	EPA Reg No:	Mix Rate/ Dilution:	Total Amount of Pesticide Dilution Used:	Complete Square Footage/ Acreage of the area treated:	Target Site/Crop Treated:	Target Pest(s):	REI: