

COMMERCIAL PESTICIDE APPLICATION RECORD

Business Name: _____

Business License Number: 4000-_____

Applicator Name: _____

Applicator License Number: 4001-_____

Business Address: _____

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

Start 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/ Dilution Rate :	Total Square Footage or Total Size of Area Treated *:	Total Amount of Dilution or RTU Used:	Specific Target Pest(s):	Specific Target Sites, Crops or Commodities or Stored Products:

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Effective September 1, 2021
Revised December 3, 2021

Keep this record for two years from application date.
*If the application was a spot treatment, write "spot treatment".