

COMMERCIAL WPS PESTICIDE APPLICATION RECORD

Business Name: _____

Business License Number: 4000-_____

Applicator Name: _____

Applicator License Number: 4001-_____

Business Address: _____

Date of Application (Month/Day/Year): _____ Start Time of Application: _____ AM / PM End 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 Name:	Active Ingredient(s):	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: