Daily Pesticide Application Record

BUSINESS	LICENSE#
NAME	ADDRESS
CITY, STATE, ZIP	PHONE

CUSTOMER_____PHONE_____

ADDRESS_____

	APPLICATION #1	APPLICATION #2
Applicator/Operator Name		
Date		
County		
Time Start/Stop		
Temperature		
Wind Speed/Direction (from)		
Pesticide Manufacturer		
Trade Name		
EPA Reg# or Formulation		
Rate: Product/Diluent Per Acre		
Crop or Site & Crop Stage		
Target Pest(s)		
Equipment Used		
Acres/Area Treated		

Location #1 Comments/Map:

Location #2

Pesticide Disposal

Method: Date: / / Amount: Location: