PESTICIDE APPLICATION RECORD

Business name: _____

Mailing Address: _____

Customer Name: _____ _____

(First) (Last)

Mailing Address: _____

_____

(City) (State) (Zip)

Legal Description / Location of Application Site: _____

Pests to be controlled: _____

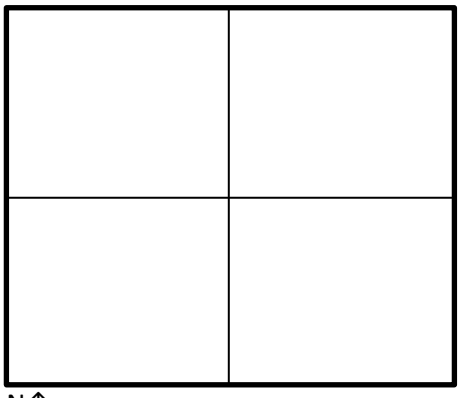
Date of Application: _____ Time Started: _____ Time Finished: _____

(Month) (Day) (Year) AM / PM AM / PM

Chemicals Used				
Common Name	**Trade / Brand Name**	**Chemical Company Name Listed on Label**	**EPA #**	**Active Ingredient per Unit**

Total Dilution or Pounds Applied per Unit: _____

Field / Surrounding Area Map:



N↑

Weather at Start of Application:

Wind Direction: _____

Wind Velocity (mph): _____

Air Temperature: _____

Acres Treated: _____

Crop / Commodity Treated:
(Check Box or write in)

☐	Alfalfa	☐	Sorghum
☐	Barley	☐	Soybeans
☐	Corn	☐	Sunflower
☐	Dry Edible Beans	☐	Wheat, Spring
☐	Fallow	☐	Wheat, Winter
☐	Flaxseed	☐	Prairie Dogs
☐	Hay	☐	_____
☐	Oats	☐	_____
☐	Pasture	☐	_____
☐	Proso Millet	☐	_____
☐	Right of Way	☐	_____

Applicator Name: _____

Applicator Address: _____

_____

(City) (State) (Zip)

Applicator License Number: _____