

Ag Plant Pesticide Application Record

Customer name: _____ Phone: _____

Address: _____ City/state/zip: _____

Date: ____ / ____ / ____ Start Time: ____ (Circle One) a.m. p.m. Finish time: ____ (Circle One) a.m. p.m.

Applicator's name: _____
 License No.: _____
 Business: _____
 Address: _____
 City/state/zip: _____
 Phone: _____

Crop (Site) Sprayed

_____ Acres Corn _____ Acres Alfalfa _____ Acres Milo
 _____ Acres Beans _____ Acres Wheat _____ Acres

Target Pest Sprayed

County _____

_____ Shattercane _____ Cocklebur _____ Cutworm Section: _____
 _____ Foxtail _____ Muskthistle _____ Alfalfa Weevil Township: _____
 _____ Pigweed _____ Other _____ Range: _____

Pesticide Information (list all information for each pesticide in the tank mix):

Brand Name	EPA Reg. #	Concentration Applied	Rate (per acre or other measure)	Total Amt. Applied

Method of Disposal: None Rinsate tank Approved site
 Other _____

Optional Information:

1. Wind direction and estimated velocity: _____
2. Temperature during application: _____ 3. Restricted-Entry Interval: _____
3. WPS Notification (type date): _____

Comments:
