Pesticide Application Record
Fumigation of Stored Grain or Structure (Sample)

Customer or Firm Name: ____________________________ Phone: ____________________________
Address: ______________________________________ City/state/zip: ________________________

Licensed Applicator’s Name: ________________________ License No.: __________________________
Business Name (if applicable): __________________________ Phone: __________________________
Address: ______________________________________ City/state/zip: ________________________

Licensed Applicator #2 Name: ________________________ License No.: __________________________
Applicator #2 Address: ______________________________ City/state/zip: ________________________

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

Target Pest:
Weevil: □ Bean □ Granary □ Pea □ Rice □ Coffee Bean □ Other ________________________________
Beetle: □ Flour □ Merchant □ Lesser Grain □ Sawtooth □ Other ________________________________
Commodity: ________________________________ Treatment site (car, equipment, or bin number): ________________________________

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

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>EPA Reg. #</th>
<th>Amount Used (Quantity Applied)</th>
<th>Units Treated (bushels, sq. ft.)</th>
<th>Total Area or Size of Treated Site</th>
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Method of Disposal: □ None □ Approved site □ Other: ________________________________

Optional Information:
Commodity Temperature: ________ Exposure Time (minutes, hours): ________ Restricted-Entry Interval (REI): ________
Placards Up: __________________________ Placards Down: __________________________

Location of Application:
Map of the treatment site location showing the area treated.

*A Fumigation Management Plan (FMP) must also be maintained.

Comments: ____________________________________________________________

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(Rev. 3/13)