

NAME _____ PESTICIDE APPLICATOR'S CERTIFICATION NUMBER _____
 CERTIFICATION EXPIRATION DATE _____

REQUIRED FEDERAL Pesticide Application Records for an Individual Field (See example in instructions)

Field Name and Location _____

Crop: _____ Variety: (optional) _____

Application Date:						
Brand Name:						
EPA Reg. Number:						
Acres Treated:						
Total Amount:						

OPTIONAL Pesticide Application Records for an Individual Field

Restricted Entry Interval:						
Rate:						
Gallonage:						
Surfactant:						
Nozzle						
Wind:						
Other:						
NOTES:						