

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: | | | | | | |