

MONTANA DEPARTMENT OF AGRICULTURE

Agricultural Sciences Division

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APPLICATOR INSTRUCTIONS

FOR

**2015 APPLICATION
RECORDS SUMMARY**

FOR

GENERAL AND RESTRICTED USE

PESTICIDE APPLICATIONS MADE

DURING THE

CALENDAR YEAR 2015

The Montana Pesticides Act, Administrative Rule of Montana 4.10.207(8) states,
“Applicators shall submit to the department an accurate typed or printed report of their use of restricted and general use pesticides every fifth year” This report is for the fifth year only, starting January 1, 2015 through December 31, 2015. The purpose in asking for this information is to develop a database determining what type, where and how much pesticide is being applied in Montana. The summary data required on this report does not relieve you of the responsibility of maintaining your daily application records, as required in
ARM 4.10.207 (1)(2)(3)(4)(5)

INSTRUCTIONS for form entitled "Summary Report of all Pesticide Applications"

A. Please record the following information in the corresponding spaces on the form:

1. **Applicator name:**

Name of the licensed Applicator(s) for this business. No operator names required.

2. **License number:**

Pesticide license #, i.e. XXXXXX-12

3. **Business name & Location;**

Phone number & email address.

B. For each different product applied, please record the following information:

1. **Company Name:** the name of the manufacturing company listed on the pesticide container (i.e. AMVAC).

2. **Product Trade Name:** the complete product trade name of the pesticide as printed on the label (i.e. Orthene).

3. **EPA Registration Number:** the EPA registration number of the pesticide product as printed on the label (i.e. 5481-8978). Do not record establishment numbers.

4. **Active Ingredients:** the name(s) of the active ingredients that are listed on the product label (i.e. Acephate).

5. **County Applied:** Record the name of the county where the product was applied.

6. **Amount Used:** For each different un-mixed formulated product, total the amount used during the entire year (i.e. Gal, Lbs, Qty).

7. **Amount Treated:** Record the total acreage on which the pesticide product was applied or the quantity and description of the item or area treated as applicable. Examples:

A. Ornamental & Turf – number of trees or acres of turf grass.

B. Ind., Inst., Struct. & Health Related – number of structures or cubic feet fumigated.

C. Aquatic – miles of ditch or surface acres of pond.

D. Right of Way – number of acres.

E. Seed Treatment – number of pounds or bushels of seed.

F. Wood Treatment – number of poles or posts.

Special Instructions:

- ◆ The department recommends that each Applicator establish a daily and monthly tabulation system to make it easier to complete this form at the end of the year.
- ◆ If no pesticide products were applied during the 5th reporting year then document this fact as "NONE APPLIED" on the form. You must still submit the form to the department.
- ◆ Type or print all information. All information recorded must be legible and complete or it will be returned for corrections.
- ◆ You may use the form provided by the department or you may use any similar form. To file the form by email, please send as a pdf type document.
- ◆ It is recommended that Applicators retain a copy of the completed form(s). The original form must be sent to the department. If more forms are needed, they are available at the department's web site at pesticides.mt.gov
- ◆ Please mail to the address on the form or send via fax or email, also as noted on the form. This form must be submitted or post marked by **January 31, 2016**

