

DAILY PESTICIDE APPLICATION RECORD

BUSINESS	LICENSE#
NAME	ADDRESS
CITY, STATE, ZIP	PHONE

CUSTOMER _____ PHONE _____

ADDRESS _____

	APPLICATION #1	APPLICATION #2
Applicator/Operator Name		
Date		
Time Start/Stop		
Temperature		
Wind Speed/Direction (from)		
Pesticide Manufacturer		
Trade Name		
EPA Registration Number		
Rate: Product/Volume/Area		
Site or Crop & Crop Stage		
Pest(s)		
Equipment Used		
Acres/Area Treated		

<p>Location #1</p> <p>Location #2</p>	<p>CALIBRATION RATE: _____</p> <p>COMMENTS/MAP:</p>
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