PESTICIDE APPLICATION RECORD

Business Name_____ Business License Number 4000- _____
Applicator Name _____Applicator License Number 4001- _____
Business Address_____ Business Phone_____

Property Owner Name & Address	Treatment Site (if different from owner)	Month, Day, Year & Time of Application	Pesticide Brand (Label) Name	EPA Registration #	Rate of Formulation (amount of concentrate per area)	Amount of Concentrate used	Total Amount Used (dilution)	Purpose of Application Target Site/Pest