Private Applicator Pesticide Application Record

Establishment Name: _____ Address: _____

Restricted Use Pesticide and Worker Protection Application Records

Worker Protection Application Records

(Maintain all application records for at least 3 years.)

Date (m/d/y)	Start Time AM PM / R.E.I. (in hrs.)	Location/Description of Application Site	Brand Name & Formulation of Pesticide Used	EPA Registration Number / Active Ingredient	Site, Crop, or Commodity Treated	Application Rate / Size of Treated Area	Quantity of Undiluted Pesticide Used	AM Completion Time PM	Applicator's Name & Certification Number
	AM PM							AM PM	
	AM PM							AM PM	
	AM PM							AM PM	
	AM PM							AM PM	
	AM PM							AM PM	
	AM PM							AM PM	
	AM PM							AM PM	

Restricted Use Pesticide and Worker Protection Application Records

Worker Protection Application Records

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