# Pesticide Application Record – Category M

Food Processing Noncommercial

| APPLICATOR'S COMPANY NAME | | APPLICATOR'S COMPANY ADDRESS |
|---|---|---|
| PHONE | FAX | CITY, ST, ZIP |

| DATE OF APPLICATION<br>MONTH DAY YEAR<br>_____/_____/_____ | TIME OF APPLICATION<br>STARTED_____ ❑ AM ❑ PM<br>FINISHED_____ ❑ AM ❑ PM | UNITS TREATED |
|---|---|---|

**Describe Location of Application Site:** *e.g.: list areas within structures; provide a map; or give other information that accurately describes the site.*

| BRAND NAME | UNITS TREATED | EPA REG. NO. | DOSAGE USED |
|---|---|---|---|
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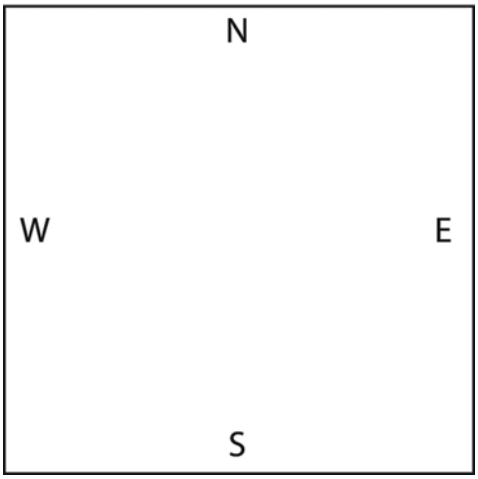
MAP




| APPLICATOR'S NAME (PRINT) | APPLICATOR'S SIGNATURE | APPLICATOR'S LICENSE NUMBER |
|---|---|---|
| APPLICATOR'S NAME (PRINT) | APPLICATOR'S SIGNATURE | APPLICATOR'S LICENSE NUMBER |