Pesticide Application Record – Category L

Mosquito and Black Fly Control, Aerial Application

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

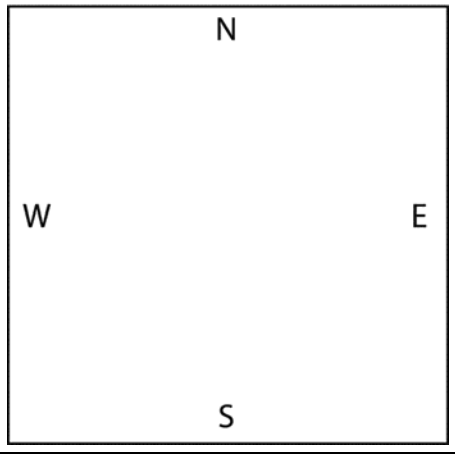
CUSTOMER'S NAME		CUSTOMER'S ADDRESS
PHONE	FAX	CITY, ST, ZIP

APPLICATION DATE	TIME	WIND SPEED	WIND DIRECTION	TEMPERATURE	UNITS TREATED
	STARTED _____ ❑ AM ❑ PM FINISHED _____ ❑ AM ❑ PM				
	STARTED _____ ❑ AM ❑ PM FINISHED _____ ❑ AM ❑ PM				
	STARTED _____ ❑ AM ❑ PM FINISHED _____ ❑ AM ❑ PM				
	STARTED _____ ❑ AM ❑ PM FINISHED _____ ❑ AM ❑ PM				

Describe Location of Application Site: *e.g.: list County, Township, Section, Quarter; provide a map; or give other information that accurately describes the site.*

BRAND NAME	EPA REG. NO.	DOSAGE USED

MAP



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