

Pesticide Application Record – Structural Pest Control Applicator (SPCA) Excluding Fumigation

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

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

DATE OF APPLICATION	MONTH / DAY / YEAR	TIME OF APPLICATION	<input type="checkbox"/> AM <input type="checkbox"/> PM
DIMENSIONS OF APPLICATION SITE <i>(if required by label)</i>			

FOR OUTDOOR APPLICATIONS ONLY:

TEMPERATURE	WIND SPEED	WIND DIRECTION
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BRAND NAME	EPA REG. NO.	DOSAGE USED	LOCATION OF APPLICATION <i>(be specific)</i>	TARGET PEST

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