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

' '						
Phone	Fax (option	al)	Email (optional)			
Applicator(s)						
			License Number _			
Name (print)			License Number			
Customer						
			Zip			
Phone		-				
A 10			Time of Application			
Application			Started AM 🔲	РМ□		
Date of Application / / / Ye			Finished AM [
	Month Day	Year				
For Outdoor App	lications Only (excluding	hait stations):				
• •	, -		Wind Direction	1		
·	ted or Units Treated	•		'		
Size of Area freat						
Dimensions of Appl	ication Site (if required	bv label)				
		- /				
Brand Name	EPA Reg. No.	Amount Used	Location of Application (be specific)	Target Pests	Total Amount of Restricted Use Pesticide (RUP)/ Application	