Pesticide Application Record - Category C
Field Crop Pest Management

This sample application record, provided by the Minnesota Department of Agriculture, gives applicators the requirements of the Pesticide Control Law.

Company Name ____________________________________________________________

Company Address __________________________________________________________

City ___________________________ State ___________________________ Zip __________

Phone ___________________________ Fax (optional) ___________________________ Email (optional) ___________________________

Applicator(s)

Name (print) ___________________________ License Number ___________________________

Name (print) ___________________________ License Number ___________________________

Customer

Name ____________________________________________________________

Address ____________________________________________________________

City ___________________________ State ___________________________ Zip __________

Phone ____________________________

Type of Application: Aerial [ ] Ground [ ]

Date of Application __ / ___ / ___

Month Day Year

Temperature _______________ Wind Speed _______________ Wind Direction _______________

Time of Application:

Started _________ AM [ ] PM [ ]

Finished _________ AM [ ] PM [ ]

Units Treated ____________________________

Describe Location of Application Site
(such as GPS coordinates; township, range, section, quarter section; street name or provide a map)

________________________________________________________________________________________

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<tr>
<th>Brand Name</th>
<th>EPA Reg. No.</th>
<th>Rate Used</th>
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Map

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