

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

Time of Application:

Started _____ AM PM

Finished _____ AM PM

Units Treated _____

Temperature _____ Wind Speed _____ Wind Direction _____

Describe Location of Application Site

(such as GPS coordinates; township, range, section, quarter section; street name or provide a map)

Brand Name	EPA Reg. No.	Rate Used

Map

A square map with the cardinal directions N (North), S (South), E (East), and W (West) labeled at the corners. The map is currently blank.