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

Name (print) ___________________________ License Number ___________________________

Name (print) ___________________________ License Number ___________________________

Customer

Name ___________________________

Address ___________________________

City ___________________________ State ___________________________ Zip __________

Phone ___________________________

Date of Application ___ / ___ / ___

Time of Application

Started _______ □AM □PM

Finished _______ □AM □PM

For Outdoor Applications:

Temperature ___________ Wind Speed ___________ Wind Direction ___________ Units Treated ___________

Describe Location of Application Site (such as interior walls of barn, application to animals; provide a map or give other information that accurately describes the site)

______________________________________________________________________________

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