

Pesticide Application Record – Category L

Mosquito and Black Fly Control

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 _____

Type of Application:

Aerial Ground

Date of Application ____ / ____ / ____
Month Day Year

Time of Application:

Started _____ AM PM

Finished _____ AM PM

Temperature _____ Wind Speed _____ Wind Direction _____ Units Treated _____

Describe Location of Application Site (such as street names, park; provide a map; or give other information that accurately describes the site.)

| Brand Name | EPA Reg. No. | Rate Used |
|------------|--------------|-----------|
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