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 _______________________

Date of Application ___ / ___ / _____

Month Day Year

Time of Application

Started _______ ☐ AM ☐ PM

Finished _______ ☐ AM ☐ PM

Dimensions of Application Site (if required by the label): __________________________

Units Treated __________

Describe Location of Application Site

(such as a list of areas within structures; 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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Map

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