Pesticide Application Record – Category O

Soil Fumigation

Company Name				
			Email (optional)	
Applicator				
lame (print)			License Number	
ame (print)				
Customer				
lame				
Address				
			Zip	
Phone				·
Start Date of Application Finish Date of Application Femperature (space or com Describe Location of Applic	Month / Day /	/ear Finished _ Year	ed	□PM □PM
uch as GPS coordinates; townsh			; or give other information that a	ccurately describes the site)
Brand Name	EPA Reg. No.	Amount Used	Target Pests	Exposure Time