Pesticide Application Record - Category Q

Wood Preservative, Field Treatments

This sample application record, pr	ovided by the Minne	sota Department of Agricu	lture, gives applicators	the re	quiremen	ts of the Pe	esticide Control L	aw.	
Company Name									
Company Address									
					Zip				
Phone		Fax (optional)		_ Email (optional)					
Applicator									
Name (print)		License Number				oer			
		License Number							
Customer									
Name									
Address									
City							Zip		
Phone									
Date of Application Month		S	ime of Applicatio tarted inished	_		□ PM □ PM			
Temperature	Wind Sp	peed W	/ind Direction			_Units	Treated		
This section should ident	tify application	site, start point and	end point.						
	,	_	art				End		
Describe Location of Application Site: (such as GPS coordinates; township, range, section, quarter section; street name or provide a map)									
				Λ	Лар		N		
Brand Name EPA Reg. No.		. No. R	ate Used						
				W					Ε

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