SAMPLE

Pesticide Application Record

(Minnesota Statutes, Chapter 18B.37)

Category C, Field Crop Pest Management, Ground Application

APPLICATOR'S COMPANY NAME		APPLICATOR'S COMPANY ADDRESS		
TELEPHONE	FAX (Optional)	CITY	STATE	ZIP CODE

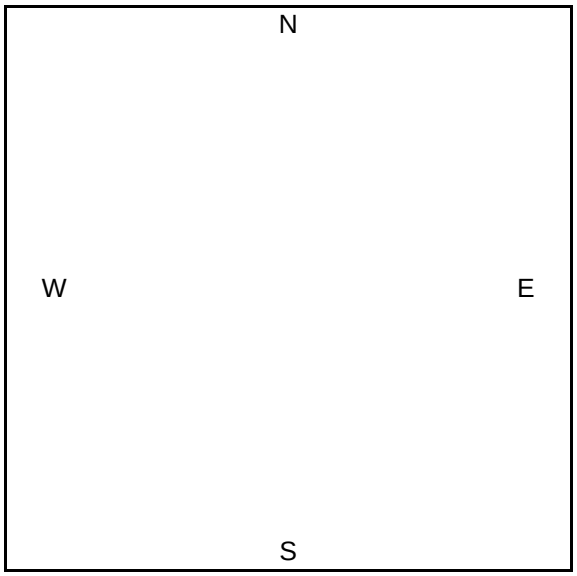
CUSTOMER'S NAME		CUSTOMER'S ADDRESS		
TELEPHONE (Optional)	FAX (Optional)	CITY	STATE	ZIP CODE

DATE OF APPLICATION		TIME OF APPLICATION	
_____/_____/_____ (MONTH) (DAY) (YEAR)		STARTED_____ ❑ A.M. ❑ P.M. COMPLETED _____ ❑ A.M. ❑ P.M.	
TEMPERATURE	WIND SPEED	WIND DIRECTION	UNITS TREATED

LOCATION OF APPLICATION SITE (county, township, section)

BRAND NAME	EPA REG. NO.	DOSAGE USED

MAP



APPLICATOR'S NAME (PRINT)	APPLICATOR'S LICENSE NUMBER	APPLICATOR'S SIGNATURE

In accordance with the Americans With Disabilities Act, an alternative form of communication is available upon request. TTY: 1-800/627-3529
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