Pesticide Record Keeping and WPS Posting Form

Year:

Business Name and Address: _____

Applicator Name and Certification Number: _____

Date and Time of Application	Pesticide Name and EPA Reg. No.	Active Ingredient(s)	Crop and Purpose of Application	Location (of Treatment)	Dosage Rate per Gal.or Pot	Total Amount of Concentrate Applied		Method of Application	Rei Duration (Hrs.)	Rei Expiration Date and Time
						Liquid	Dry			