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 Liquid Dry | | Method of Application | Rei Duration (Hrs.) | Rei Expiration Date and Time |
|------------------------------------|---------------------------------------|-------------------------|---------------------------------------|-------------------------|-------------------------------|--|--|--------------------------|---------------------------|---------------------------------------|
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