Produce Safety Program

Pesticide Application Record

Farm Name: _____ Business License Number 4000: _____

Applicator Name: _____ Applicator License Number: _____

Address: _____ Business Phone: _____

Recent Interval/ Period	Treatment Site (Location and size, acres/feet)	Pesticide Brand Label Name	EPA Registration Number	Rate of Formulation Applied per Unit Area (undiluted pesticide product as sold by manufacturer or RTU)	Method of Application	Farm Weather Conditions	Water Source	Purpose of Application Target Site/Pest

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