Pesticide Application Record - Category C

Field Crop Pest Management

	on record, provided by th	e Minnesota Departm	nent of Agriculture, gives app	olicators the require	ments of the Pesticide Conti	fol Lav
Company Name ₋						
•		State		•		
Phone	Fax (d	optional)	Email (optional)		
Applicator(s)					
Name (print)			License Nu	mber		
Name (print)			License Nu	mber		
Customer						
Name						
City		State			Zip	
Phone						
Type of Appl Aerial ☐ Gro Date of Applicati		/ Year	Time of Application Started AM [Finished AM [Size of Area Treated	PM		
			Wind Direc	tion		or
Describe location provide a map).		such as GPS coord	Wind Direction dinates; township, rangetinates; township, rangetinates; Total Amount of Restricted Use	tion		or
Describe location provide a map).	of application site (such as GPS coord	Wind Direction of Mind Direction with the Mind Direction of Mind D	e, section, quarte	er section; street name	or
Describe location provide a map).	of application site (such as GPS coord	Wind Direction of Restricted Use Pesticide (RUP)/	e, section, quarte	er section; street name	or
Describe location provide a map).	of application site (such as GPS coord	Wind Direction of Restricted Use Pesticide (RUP)/	Map	er section; street name	or
Describe location provide a map).	of application site (such as GPS coord	Wind Direction of Restricted Use Pesticide (RUP)/	e, section, quarte	er section; street name	or
Describe location provide a map).	of application site (such as GPS coord	Wind Direction of Restricted Use Pesticide (RUP)/	Map	er section; street name	or
Describe location provide a map).	of application site (such as GPS coord	Wind Direction of Restricted Use Pesticide (RUP)/	Map	er section; street name	or
Describe location provide a map).	of application site (such as GPS coord	Wind Direction of Restricted Use Pesticide (RUP)/	Map	er section; street name	or
Describe location provide a map).	of application site (such as GPS coord	Wind Direction of Restricted Use Pesticide (RUP)/	Map	er section; street name	or