

Pesticide Application Record – Category I

Antimicrobial

This sample application record, provided by the Minnesota Department of Agriculture, gives applicators the requirements of the Pesticide Control Law.

Company Name _____

Company Address _____

City _____ State _____ Zip _____

Phone _____ Fax (optional) _____ Email (optional) _____

Applicator(s)

Name (print) _____ License Number _____

Name (print) _____ License Number _____

Customer

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Application

Date of Application _____ / _____ / _____
Month Day Year

Time of Application

Started _____ AM _____ PM

Finished _____ AM _____ PM

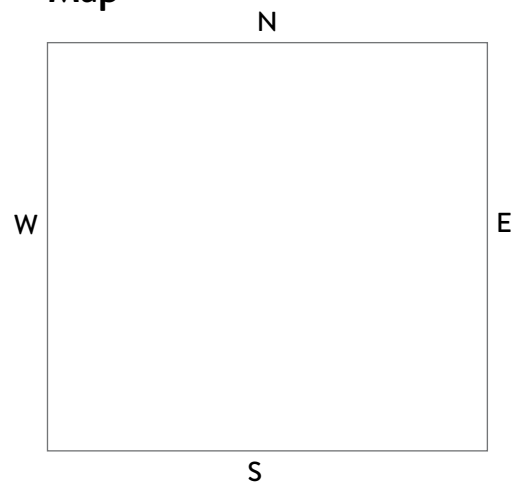
Size of Area Treated or Units Treated _____

Temperature _____

Describe location of application site (such as HVAC, basement walls, cooling tower, provide a map; or give other information that accurately describes the site).

Brand Name	EPA Reg. No.	Rate Used	Total Amount of Restricted Use Pesticide (RUP)/Application

Map



Crop, commodity, stored product, animals, or sites to which **Restricted Use Pesticide (RUP)** was applied _____