

**Pesticide Application Record for** \_\_\_\_\_  
 (farm unit, business name, etc.)

Year: _____	Date: MO/DA	Time*	Crop or Commodity	Location*	Active Ingredient* Brand or Product Name	EPA Registration Number*	# of Units or Acres	Total Amount of Product (oz, lb, pt, qt, gal, indicator)	Applicator Information	Restricted Re-entry Interval*	
										Duration (HOURS)	Expiration (Mo/Da/Time)

\*Required for Worker Protection  
Standard, Central Area Information

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