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PESTICIDE USE RECORD

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Organization Name _____

Commercial Applicator's Name _____ License # _____

Date & Time of Application	Customer or Facility Name	Location Address	Target Site	Pesticide Used	Rate per acre or 1k SF	Total Amount Applied	Target Pest	Equipment Used	Applicator Initials	Notes*

*Note any unexpected occurrence (rain, wind, spill, etc.) during application + additional notes on back of this sheet.