

RECORDKEEPING FORM FOR GENERAL & RESTRICTED USE PESTICIDE APPLICATION

Farm ID#: _____
 (FSA Designation or Location)

YEAR: _____

NAME: _____
 (Certified Applicator or Certified Supervisor)

CERTIFICATION NUMBER: _____

FIELD ID (Name or No.)	DATE OF APPLICATION (Month/Day)	PRODUCT NAME (Brand Name)	ACTIVE INGREDIENT	EPA REGISTRATION NUMBER	ACRES TREATED	RATE PER ACRE	CROP TREATED	PURPOSE OF APPLICATION