

Agricultural Pesticide Use Record-Keeping Form

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Supervised Employee Training Date

*Supervising Applicator's Name and. License Number Person performing application Location of Land/Application: county, city, community, distances, and directions, etc. Date: Starting Wind Wind Product/Brand Specific Active Total Rate of Type of Application Comments Air Target Area Month/ Time Ingredient Equipment Direction Velocity Temp. Name Registration Commodity Pest Treated Reentry Volume of Product (Include # hand held sprayer, ▶ Other factors affecting the effectiveness of this Day/Year of #Outdoor #Outdoor #Outdoor Number or Site (acres, sq. Interval Application (Oz., Pt., formulation: (REI) per Unit Qt., Lbs. boom sprayer, air application Day only only only ft., etc.) ► Herbicide Spray Permit Number, if applicable 4EC, 15G, etc.) (bushel, acre, per Unit blast . . . etc.) 2:15 pm 01/04/15 SE85° DePesto 4L 111-233 Weeds 10 ac. 24 hrs. 25 gal/acre Medium soil moisture 4 mph Corn Atrazine 1 qt./acre boom sprayer

^{*}Each licensed applicator is responsible for assuring that any person working under the licensee's direct supervision is knowledgeable of the label requirements and rules and regulations governing the use of the particular pesticide being used by the individual.