



Agricultural Pesticide Use Record-Keeping Form

Crop/Commodity Owner's Name

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.

[illegible]

***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.**

Updated 1/30/15