TEXAS A&M AGRILIFE EXTENSION

Updated 1/15/09

Agricultural Pesticide Use Record-Keeping Form

Crop/Commodity Owner's Name

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***Supervising Applicator's Name and. . . . . License Number**

Person performing application

Location of Land/Application: county, city, community, distances and directions, etc.

Date: Month/ Day/Year	Starting Time of Day	Wind Direction	Wind Velocity	Air Temp.	Product/Brand Name (Include formulation: 4EC, 15G, etc.)	EPA Registration Number	Crop, Commodity or Site	Target Pest	Area Treated (acres, sq. ft., etc.)	Specific Reentry Interval (REI)	Active Ingredient (AI)	Total Volume of Application per Unit (bushel, acre, etc.)	Rate of Product (Oz., Pt., Qt., Lbs.) per Unit	Comments ‣ Other factors affecting the effectiveness of this application ‣ **Herbicide Spray Permit Number**, if applicable
03/04/99	*2:15 pm*	*SE*	*4 mph*	*85°*	*DePesto 4L*	*111-233*	*Corn*	*Weeds*	*10 ac.*	*24 hrs.*	*Atrazine*	*25 gal/acre*	*1 qt./acre*	*Medium soil moisture*

***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.**