



# DAILY PESTICIDE APPLICATION RECORD (Version 5)

## For Commercial Pest Control Operators Only

Washington State Department of Agriculture  
Pesticide Management Division  
PO Box 42560  
Olympia WA 98504-2560  
(877) 301-4555

**NOTE:** This form must be completed same day as the application and retained for seven years (Ref. chapter 17.21 RCW)

A. FIRM NAME \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

AND ADDRESS: \_\_\_\_\_ D. DATE: \_\_\_\_\_

\_\_\_\_\_ LICENSE NO. \_\_\_\_\_

B. APPLICATOR NAME: \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

C. PERSON MAKING APPLICATION: \_\_\_\_\_ E. APPARATUS LICENSE NO: \_\_\_\_\_

CUSTOMER		(a) EPA REG. NO./FULL PRODUCT NAME(S) (b) CONCENTRATION (c) TOTAL AMOUNT USED	(a) TIME (IN/OUT) (b) TEMP. (c) WIND DIR./ VELOCITY	APPLICATION SITE (C&C, SPOT, VOID, INJECTIONS, ETC.)	PESTICIDE APPLIED/ACRE OR OTHER MEASURE
(a) FULL NAME	(b) FULL ADDRESS OR LOCATION OF APPLICATION (c) TARGET PEST				
1. a)	_____	_____	_____	_____	/
b)	_____	_____	_____	_____	/
c)	_____	_____	_____	_____	/
2. a)	_____	_____	_____	_____	/
b)	_____	_____	_____	_____	/
c)	_____	_____	_____	_____	/
3. a)	_____	_____	_____	_____	/
b)	_____	_____	_____	_____	/
c)	_____	_____	_____	_____	/
4. a)	_____	_____	_____	_____	/
b)	_____	_____	_____	_____	/
c)	_____	_____	_____	_____	/
5. a)	_____	_____	_____	_____	/
b)	_____	_____	_____	_____	/
c)	_____	_____	_____	_____	/
6. a)	_____	_____	_____	_____	/
b)	_____	_____	_____	_____	/
c)	_____	_____	_____	_____	/
7. a)	_____	_____	_____	_____	/
b)	_____	_____	_____	_____	/
c)	_____	_____	_____	_____	/