

PESTICIDE APPLICATION RECORD (Version 3) NOTE: This form must be completed same day as the application and it must be retained for 7 years (Ref. chapter 17.21 RCW)

Washington State Department of Agriculture
Sion 3) Pesticide Management Division
PO Box 42560 Olympia WA 98504-2560 (877) 301-4555

Date of Application - Year: Month:					Day(s):									
Name of person for whom the pesticide was applied:														
Firm N	Name (if applicable):													
Street Address:				City:			State: Zip:							
Licensed Applicator's Name (if different from #2 above):					License No.:									
Firm Name (if applicable):					T.I. No.									
Street	Street Address:													
4. Air Ground Chemigation														
5. Application Crop or Site:														
6. Total Area Treated (acre. sq. ft., etc.):														
7. Was this application made as a result of a WSDA Permit? No Yes (If yes, give Permit No.) #														
8. Pesticide Information (list all information for each pesticide including adjuvants in the tank mix):														
a) Full Product Name b) EPA Reg. No.			о.	Pestic	I Amount of ide Applied ea Treated	d) Pes Applied (or other	d/Acre	e) Conce App		ı Ápp	f) Depth of Application (Chemigation)			
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							/							
							/							
							/							
9. Address	s or exact location of ap cultural land, the field loca	plication. N	OTE: If the applicates shown on the main	ation	is made	to one acre o	or more							
10. Date	11. Name of person(s) making the application			12. 13. Apparat License No. Lic. Plate N		14. Time Start Stop		15. Acres Completed	16. V Dir.	/ind Vel.(mph)				
TO. Date	TT. Name of person	_(э) такіну ше арріісацоп		License No.		Lic. I late No.	Otart	Olop	Completed	DII.	vei.(mpn)	17. Temp		

			40	12 Annovation	14	. Time		15 Acres	16. \	Wind	
10. Date	11. Name of person(s) making the application		12. License No.	 Apparatus Lic. Plate No. 	Start	St	ор	15. Acres Completed	Dir.	Vel.(mph)	17. Temp
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Location of Application (If the application covers more than one township or range, please indicate the township & range for the top left section of the map only.			Soci	ation:		Section:					
			360	ction:		Occilon.		'II.		-	
a range for	the top left section of the map only.				1					_	A
Township:	N										
•											
Danger	□ □ □ W (places in disease)										
Range:	E W (please indicate)										
										One	Mile
Section(s):		Ť									
Block:	Farm Unit:	Ň									
											•
or GPS:											
01 01 0.											
_											
County:											
PLEASE NO	OTE:										
	divided into 4 sections with each section divided										
into quarter-	quarter sections. Please complete it by marking										
the appropria	ate section number(s) on the map and indicate										
as accurately	y as possible the location of the area treated.										
										•	
Miscellaneo	us Information:		Sed	ction:		9	Section	n:			

INSTRUCTIONS

Pesticide Application Record (Version 3) AGR FORM 640-4236 (R/4/07)

- 1. Date may be spelled out or indicated numerically.
- 2. Include first and last name.
- 3. If the person's name is the same as No. 2, write "same" in the space for the licensed applicator's name and include the license number (if applicable) and telephone number.
- 4. Check one.
- 5. Indicate type of land or site treated, not location. Examples: Wheat, apples, rights of way, lawn, trees and shrubs, crawl space, wall voids, etc.
- 6. May also be stated in terms such as linear feet or cubic feet. (Specify the term to which the number refers.) If spot treatment, write spot treatment.
- 7. If the application was made under permit, but no permit number was issued, indicate the date the permit was issued.
- 8. a) Brand name found on the pesticide label including adjuvants (buffer, spreader, sticker, surfactant, etc.).
 - b) This number is found on the pesticide container label. If the material is being applied under a federal experimental use permit and no EPA Reg. No. exists, list the federal experimental use permit number. If the material is a spray adjuvant (buffer, spreader, sticker, surfactant, etc.) write "adjuvant" in this space and add the state registration number.
 - c) Indicate the amount of pesticide formulation (product/adjuvant) applied to the total area listed on line 6.
 - d) Other measures may include amount/sq. ft., amount/cu. ft., amount/linear ft., etc.
 - e) This may be listed in various ways, such as: Amount of product/100 gallons water, percent formulation in the tank mix (i.e., 1%), gallons per acre of output volume, ppm (or other measure), or inches of water applied (chemigation). Specify the term to which the number refers.
 - f) Depth of application (chemigation).
- 9. Agricultural land includes such areas as forest lands and range lands. It does not include transportation and utility rights of way.
- 10. List the date of application.
- 11. Indicate first and last name(s).
- 12. List license number(s) if applicable.
- 13. This does not apply to private applicators or public agencies.
- 14. Application start and stop times must be indicated. Indicate a.m. or p.m.
- 15. The total of all entries in this column should equal the total listed on line 6.
- 16. Indicate the direction from which the wind is blowing. Measure wind velocity in mph. If the wind varies in direction and velocity during the application, indicate the range of variance (i.e., S-SW 3-7 mph). Wind readings shall be obtained in close proximity to the application site.
- 17. Indicate temperature in degrees Fahrenheit. (It may be indicated as the range encountered during the application.) Temperature readings shall be obtained in close proximity to the application site.