**DAILY PESTICIDE APPLICATION RECORD (Version 5)**



*Washington State Department of Agriculture*

*Pesticide Management Division*

*PO Box 42560*

*Olympia WA 98504-2560*

*(877) 301-4555*

**For Commercial Pest Control Operators Only**

**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) full name (b) full address or location of application (c) target pest | | | | | | (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 | | | | | |
| 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) | |  | | |  | |  | | |  | |  | |  | |  | | |  | |  | | / |  | | |
| AGR FORM 640-4237 (R/7/07) | | | **optional:** | mileage start | | | |  | mileage end | | | |  | | | |  |  | |  | |  | | |  |  |