**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.) | pesticideapplied/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 |       |  |  |  |  |  |  |