Pesticide Application Record for _____

(farm unit, business name, etc.)

Year: _____ Date: MO/DA Time*	Crop or Commodity	Location*	Active Ingredient* _____ Brand or Product Name	EPA Registration Number*	# of Units or Acres	Total Amount of Product (oz., lb., pt., (qt., gal. indicator)	Applicator Information	Restricted Re-entry Interval* Duration (HOURS)	Expiration (Mo/Da/Time)

*Required for Worker Protection Standard, Central Area Information

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