

PRIVATE PESTICIDE APPLICATION RECORD

(Record RUP information within 14 days of application)

APPLICATOR INFORMATION

*Applicator's Name	*Certification Number

Field: _____

Acres: _____ **Year:** _____

*Location: _____
(County/range/township/section, legal description, or USDA ID)

*Crop, Commodity, or Site: _____ Variety: _____ Planting Date: _____ Planting Rate: _____

Soil Type: _____ pH: _____ Organic Matter: _____ Depth to Groundwater: _____ ft.

Tillage Methods: _____ Irrigation Info: _____

Fertility: N: _____ lbs. P: _____ lbs. K: _____ lbs. Harvest Date: _____ Yield: _____

Application	#1		#2		#3	
*Date (M/D/Y)						
Time of Application	Start	Finish	Start	Finish	Start	Finish
*Pesticide Name						
*EPA Reg. No.						
Active Ingredient						
*Total area treated						
*Total amt. applied						
Rate per acre						
Target pest(s)						
REI						
Average temperature						
Wind speed, direction						
Spray pressure						
Nozzle type						
Method of disposal						

* = Required for RUP applications