



CERTIFIED PESTICIDE APPLICATOR RECORD KEEPING

OWNER / OPERATOR (FIRM): _____ LICENSE NUMBER: _____ CERTIFIED APPLICATOR: _____

ADDRESS: _____ LDAF CARD NUMBER: _____

CUSTOMER		PESTICIDE APPLIED										APPLICATOR	
NAME	ADDRESS	BRAND NAME OF PRODUCT	EPA REG. NUMBER	RUP ¹	DATE OF APP.	TIME OF APP.	CROP OR TYPE OF APP.	LOCATION OF APP. ²	SIZE OF AREA TREATED ³	RATE OF APP.	TOTAL AMT. APPLIED ⁴	NAME	LDAF CARD NUMBER (IF APPLIC.)

1. Check if Pesticide is a Restricted Use Pesticide.
2. Field number or other reference as to the location of the application.
3. Acres, square feet, minutes of spraying, etc.
4. Refers to total amount of pesticide product (concentrate) used, per location, per application.