

**Pesticide Application Record
Structural Health Pest Control (General)**

CUSTOMER

LOCATION OF APPLICATION

Person or firm: _____
 Address: _____
 City/state/zip: _____
 Phone: _____

Name: _____
 Address: _____
 City/state/zip: _____
 Phone: _____

Licensed Applicator's Name: _____ License No.: _____
 Business Name (if applicable): _____ Phone: _____
 Address: _____ City/state/zip: _____

Date: ____ / ____ / ____ Start Time: ____ a.m. p.m. Finish Time: ____ a.m. p.m.
 (Circle One) (Circle One)

Target Pests: Check (X)

- | | | | | |
|---|---------------------------------------|--------------------------------|-------------------------------------|--|
| <input type="checkbox"/> German Cockroach | <input type="checkbox"/> Pharoah Ants | <input type="checkbox"/> Rats | <input type="checkbox"/> Pill Bugs | <input type="checkbox"/> Drain Flies |
| <input type="checkbox"/> American Cockroach | <input type="checkbox"/> Crickets | <input type="checkbox"/> Mice | <input type="checkbox"/> Fleas | <input type="checkbox"/> Carpet Beetle |
| <input type="checkbox"/> Oriental Cockroach | <input type="checkbox"/> Spiders | <input type="checkbox"/> Wasps | <input type="checkbox"/> Millipedes | <input type="checkbox"/> Clover mite |
| <input type="checkbox"/> Other _____ | | | | |

Specific Site(s) (type of surface or area treated) i.e., interior, exterior, crawl space, spot, baseboard, carpet, foundation, furniture, basement, siding, wood deck, cupboards, fence line, office, kitchen, under sink, food processing area, barn, etc.

Concentration or rate of application per unit of measure i.e., gallons per minute, ounces per linear feet, pounds per square feet, percent of active ingredient per gallon of finish spray, size of placements etc.

Size of area treated, i.e., square feet (sq. ft.), cubic feet (cu. ft.), linear feet (ln. ft.)

Total amount applied, i.e., gallons (g.), ounces (oz.), pounds (lbs.), number of placements.

Method of application, (indicate per application) i.e., crack and crevice, spot, surface spray, fog, aerosol, duster, etc.

Pesticide Information (list all information for each pesticide in the tank mix):

Site of Application	Brand Name of Pesticide Applied	EPA Registration Number	Concentration or Rate per unit of measure	Total area treated	Total Amount Applied	Method of Application

Method of Disposal: None Rinsate tank Approved site
 Other _____

Optional Information (For Exterior applications).

Wind direction: _____ Wind velocity: _____ Temperature during application: _____

Comments: _____

Map is recommended