

**Pesticide Application Record
Public Health Pest/Vector Control**

AGENCY/BUSINESS

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)
 Mosquito Rats Birds Roaches Mold
 Skunks Bacteria Mice Flies Other _____

Specific Pest _____ Vector controlled _____

Specific Site(s) (type of surface or area treated) i.e., pond, public landfill, bird roosting area, city park, medical and veterinary instruments, hospital, nursing home, swimming pool, water cooling tower, food/beverage equipment and processing area, etc.

Concentration or rate of application per unit of measure, i.e., gallons per acre, 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 or Measure	Total Area Treated	Total Amount Applied	Method of Application

Method of Disposal: None Rinsate tank Approved site
 Other: _____

Original Information

Wind direction _____ Wind velocity: _____ Temperature during application _____

Comments: _____

