

**Pesticide Application Record
Rights-of-Way (Sample)**

Person or firm the pesticide was applied: _____ **Phone:** _____

Address: _____ **City/state/zip:** _____

Licensed Applicator's Name: _____ **License No.:** _____

Business Name (if applicable): _____ **Phone:** _____

Address: _____ **City/state/zip:** _____

(Circle One) (Circle One)

Date: ____ / ____ / ____ **Start Time:** ____ a.m. ____ p.m. **Finish time:** ____ a.m. ____ p.m.

Target Pest:

Musk Thistle Canada Thistle Plumeless Thistle Knapweed (plumeless/diffuse) Leafy spurge
 Purple Loosestrife Other (type of trees, shrubs, etc.) _____

Target Site:

Site (road, easement, pasture): _____

Location of application: (mile posts, other locator, N,S,E,W of median): _____

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

Brand Name	EPA Reg. #	Rate Per Unit of Measure	Units Treated (Miles, Feet)	Total Amt. Applied	Method (Spot, Basal, Broadcast)

Method of Disposal: None Rinsate tank Approved Site

Other: _____

Optional Information:

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

Comments: _____