

General and Restricted Use Pesticide Application Records for Penn State Applicators

Business License Name: _____

Business Unit License Number: _____

Date (m/d/y)	Location/Address	Brand Name	EPA Registration #	Dosage or Rate Used	Amount of Pesticide Used	Site, Crop, or Commodity Treated*	Completion Time (AM/PM)	Applicator Name
Start Time* (AM/PM)	Application Location Detail	Formulation of Pesticide Used	Active Ingredient*	Size of Treated Area*			Reentry time* (in hrs)	Applicator Certification Number
							AM PM	
AM PM								
							AM PM	
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AM PM								

* Required for the production of an agricultural commodity, but recommended for all applications

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