



PESTICIDE APPLICATION RECORD (Version 3)

Washington State Department of Agriculture
Pesticide Management Division
PO Box 42560
Olympia WA 98504-2560
(877) 301-4555

NOTE: This form must be completed same day as the application
and it must be retained for 7 years (Ref. chapter 17.21 RCW)

1. Date of Application - Year: _____ Month: _____ Day(s): _____

2. Name of person for whom the pesticide was applied: _____

Firm Name (if applicable): _____

Street Address: _____ City: _____ State: _____ Zip: _____

3. Licensed Applicator's Name (if different from #2 above): _____ License No.: _____

Firm Name (if applicable): _____ Tel. No.: _____

Street Address: _____ City: _____ State: _____ Zip: _____

4. Air Ground Chemigation

5. Application Crop or Site: _____

6. Total Area Treated (acre. sq. ft., etc.): _____

7. Was this application made as a result of a WSDA Permit? No Yes (If yes, give Permit No.) # _____

8. Pesticide Information (list all information for each pesticide including adjuvants in the tank mix):

a) Full Product Name	b) EPA Reg. No.	c) Total Amount of Pesticide Applied in Area Treated	d) Pesticide Applied/Acre (or other measure)	e) Concentration Applied	f) Depth of Application (Chemigation)
			/		
			/		
			/		
			/		
			/		

9. Address **or exact location** of application. NOTE: If the application is made to one acre or more of agricultural land, the field location must be shown on the map on page two of this form.

10. Date	11. Name of person(s) making the application	12. License No.	13. Apparatus Lic. Plate No.	14. Time		15. Acres Completed	16. Wind		17. Temp
				Start	Stop		Dir.	Vel.(mph)	

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				Start	Stop		Dir.	Vel.(mph)	

Location of Application (If the application covers more than one township or range, please indicate the township & range for the top left section of the map only.

Township: N

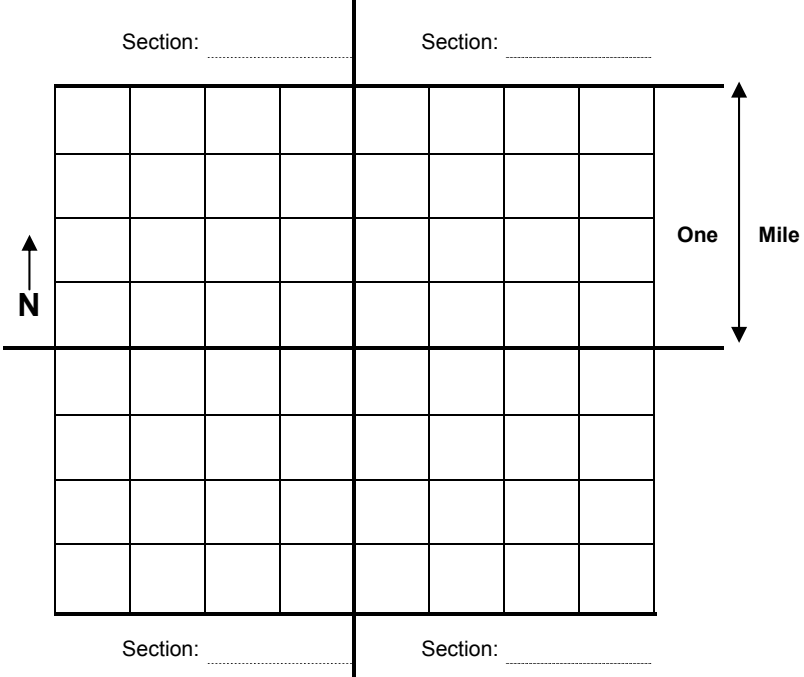
Range: E W (please indicate)

Section(s):

Block: Farm Unit:

or GPS:

County:



PLEASE NOTE:
 The map is divided into 4 sections with each section divided into quarter-quarter sections. Please complete it by marking the appropriate section number(s) on the map and indicate as accurately as possible the location of the area treated.

Miscellaneous Information:

INSTRUCTIONS

Pesticide Application Record (Version 3) AGR FORM 640-4236 (R/4/07)

1. Date may be spelled out or indicated numerically.
2. Include first and last name.
3. If the person's name is the same as No. 2, write "same" in the space for the licensed applicator's name and include the license number (if applicable) and telephone number.
4. Check one.
5. Indicate type of land or site treated, not location. Examples: Wheat, apples, rights of way, lawn, trees and shrubs, crawl space, wall voids, etc.
6. May also be stated in terms such as linear feet or cubic feet. (Specify the term to which the number refers.) If spot treatment, write spot treatment.
7. If the application was made under permit, but no permit number was issued, indicate the date the permit was issued.
8.
 - a) Brand name found on the pesticide label including adjuvants (buffer, spreader, sticker, surfactant, etc.).
 - b) This number is found on the pesticide container label. If the material is being applied under a federal experimental use permit and no EPA Reg. No. exists, list the federal experimental use permit number. If the material is a spray adjuvant (buffer, spreader, sticker, surfactant, etc.) write "adjuvant" in this space and add the state registration number.
 - c) Indicate the amount of pesticide formulation (product/adjuvant) applied to the total area listed on line 6.
 - d) Other measures may include amount/sq. ft., amount/cu. ft., amount/linear ft., etc.
 - e) This may be listed in various ways, such as: Amount of product/100 gallons water, percent formulation in the tank mix (i.e., 1%), gallons per acre of output volume, ppm (or other measure), or inches of water applied (chemigation). Specify the term to which the number refers.
 - f) Depth of application (chemigation).
9. Agricultural land includes such areas as forest lands and range lands. It does not include transportation and utility rights of way.
10. List the date of application.
11. Indicate first and last name(s).
12. List license number(s) if applicable.
13. This does not apply to private applicators or public agencies.
14. Application start and stop times must be indicated. Indicate a.m. or p.m.
15. The total of all entries in this column should equal the total listed on line 6.
16. Indicate the direction from which the wind is blowing. Measure wind velocity in mph. If the wind varies in direction and velocity during the application, indicate the range of variance (i.e., S-SW 3-7 mph). Wind readings shall be obtained in close proximity to the application site.
17. Indicate temperature in degrees Fahrenheit. (It may be indicated as the range encountered during the application.) Temperature readings shall be obtained in close proximity to the application site.