PESTICIDE APPLICATOR RECORD KEEPING FORM

Owner/Operator (of business, if applicable): _____ License number: _____

Certified Applicator Name: _____ LDAF Certification Number: _____

Address (of business / applicator): _____

Customer Name (If applicable)	Customer Address (If applicable)	Brand Name of Product	EPA Registration Number of Product	RUP Yes/NO? (Check yes, if product is restricted)	Date of Application	Crop or Type of application	Location of Application (field number, address or even grid coordinate)	Size of treaded area (Acres, square ft., etc.)	Rate of Application	Total amount applied (total amount of concentrate or product applied)	Applicator Name	LDAF card number (if other than the one listed above)