Restricted-Use Pesticide Recordkeeping Form

Applicator’s name _________________________________________________________________

Applicator’s certification number __________________________________________________

<table>
<thead>
<tr>
<th>Month/day/year</th>
<th>Crop, commodity or site</th>
<th>Pesticide brand/product name</th>
<th>Total amount (product) applied</th>
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Pesticide EPA registration number

Size of area treated

Field location (Choose one of four below)

Field map diagram:

County/range/township/section ________________________

FSA/NRCS ID system ________________________________

Legal property description _____________________________

ID system using maps and/or written description ______

NOTES: __________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

*Notes are optional and could include information such as product formulation and concentration, wind speed and direction, weather, crop status, pest development stage and population density, soil type, equipment used, nozzle type, gallons per acre, application pressure, etc.