



**NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF MATERIALS MANAGEMENT - BUREAU OF PEST MANAGEMENT**

www.dec.ny.gov

PESTICIDE APPLICATION RECORD FOR _____
(Farm, business name, etc.)

APPLICATOR NAME/CERTIFICATION # _____

IF NOT CERTIFIED - SUPERVISING APPLICATOR NAME/CERTIFICATION# _____

NOTE: LIST ALL RESTRICTED USE PESTICIDES PURCHASED BY PRODUCT NAME AND EPA REGISTRATION NUMBER ON THE BACK OF THIS FORM

Year____ Date:mm/dd Time	Crop and Target Pest	Area Treated: Location and Description	Active Ingredient and Brand or Product Name	EPA Registration Number	# of Units or Acres Treated	Total Amount of Product Used (indicate unit: oz., lb., pt., qt., gal.,)	Method of Application for example: air blast sprayer	Restricted Entry Interval		Wind Speed* and Direction
								Duration (hours)	Expiration (mm/dd/time)	

As of September 2002, this form when properly completed, satisfies the private applicator's pesticide record keeping requirements of the United States Department of Agriculture, the Worker Protection Standard, and New York State. To check that you are using the latest version of this form, contact your regional office of the NY State Department of Environmental Conservation.
* Recommended although not required by state or federal law.

