CPA(03/17)

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF MATERIALS MANAGEMENT ● BUREAU OF PEST MANAGEMENT
www.dec.ny.gov
RECORDKEEPING FOR WPS AND PRIVATE APPLICATORS

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

Required by WPS or by State Certification Regulations								Recommended, or USDA requirements		
Year_____ Date: mm/dd Time start & ended	Crop and Target Pest	Area Treated: Location and Description	Active Ingredient and Product Name	EPA Registration Number	Method of Application* for example: air blast sprayer	Restricted Entry Interval Duration (hours)	Restricted Entry Interval Expiration (mm/dd/time)	Wind Speed and Direction***; and AEZ distance***	# of Units or Acres Treated**	Total Amount of Product Used** (indicate unit: oz., lb., pt., qt., gal.)

***Required for restricted-use products only. ** USDA requirement for Federally Restricted Pesticides**

***** Recommended although not required by state or federal law.**

RESTRICTED PESTICIDE PURCHASE RECORD		
DATE PURCHASED	TRADE NAME	EPA PRODUCT REGISTRATION NUMBER