

APPLICATOR AND DAY

Date _____ Applicator name _____ License no. and category _____ State _____
Company _____ Supervising licensee (if technician applied) _____ Vehicle / rig _____

APPLICATIONS

#	Start / end time	Client and site address	Tree(s) / host and DBH	Target pest or disease	Product (brand)	EPA reg. no.	Rate (per inch, per gal)	Total applied	Method	Wind mph / dir	Temp °F	REI hrs	Posted
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													

Method: trunk injection, soil drench, soil injection, foliar spray, bark spray, basal. Total applied is the amount of product, not of finished spray; write the mix ratio in notes for sprays.

RESTRICTED-USE PRODUCTS (FEDERAL RECORD, ALL FIELDS REQUIRED)

Product and EPA reg. no. _____ Total amount applied _____ Size of area treated (acres, sq ft, or number of trees) _____
Crop, commodity, or site (e.g. ornamental trees, residential) _____ Location (address or field ID) _____
Month / day / year _____ Certified applicator name and certification no. _____

NOTES AND CLIENT COPY

Client notified ☐ Verbal ☐ Written / posting ☐ Email from the app ☐ Not required Sensitive sites nearby (bees, water, school, organic) _____
Applicator signature _____ Date _____