Company name and address

Professional Applicator Record Keeping Form,

Date of application:	**Name and address: (Billing Address)**	**Address of site treated:**

The specific crop, animal or property treated:	**Size or amount of treated area:**

Time of application:	**Wind velocity:**	**Wind direction:**	**Applicator name :**	**License #:**	**Recommended by:**

Pesticide Applied	EPA Reg. #	Rate of Application	Total Amount Applied
1			
2			
3			

Worker protection required **(Yes)** ☐ **(No)** ☐	**Date of contact:**	**Time of contact:**	**Person contacted:**

Map of area:

Example Only

It is the responsibility of the user of this form to keep updated with any new changes in the Idaho Pesticide Law or Rules Governing Pesticide Use and Application pertaining to Record Requirements.

Example Only – *There are no set forms the ISDA requires*, as long as all required information is recorded on the pesticide application record and maintained as per IDAPA 02.03.03.150.01 and .02 Records Requirements.

3-30-09