RESTRICTED USE PESTICDE RECORD BY LOCATION: YEAR: _____

Field or Storage Location/Identifiaction: _____

Crop, Commodity or Site Treated: _____

Field or Storage Size: _____

	Pesticide #1	***Pesticide #2***	***Pesticide #3***	***Pesticide #4***
Date Applied				
Product or Brand Name				
EPA Registration Number				
Total Amount of Product Applied				
Size of Area Treated				

Applicator's Name: _____ ***Certification Number:*** _____

- Retain application record(s) for two (2) years from date of application(s).
- Application record must be recorded within fourteen (14) days from the date of application.
- Taken from the Original University of Idaho Cooperators System form of (4/29/93).
- This form contains the required information to be in compliance with Section 1491 of the Food, Agricultural, Conservation and Trade Act of 1990.