

PESTICIDE USE REPORT

<input type="checkbox"/> NURSERY												
COUNTY NO. 1	SECTION 2	TOWNSHIP 3 <input type="checkbox"/> N <input type="checkbox"/> S	RANGE 4 <input type="checkbox"/> E <input type="checkbox"/> W	BASE & MERIDIAN 5 <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> H	APP. METHOD 6 <input type="checkbox"/> GROUND <input type="checkbox"/> AIR <input type="checkbox"/> FUME <input type="checkbox"/> OTHER	PERMITTEE/PROPERTY OPERATOR 7	APPLICATOR NAME AND ADDRESS 13					
OPERATOR ID/PERMIT NUMBER 8					SITE IDENTIFICATION NUMBER 9			TOTAL PLANTED ACRES/UNITS 10				
LOCATION 11							BLOCK ID (IF APPLICABLE) 12					
DATE/TIME APPLIED 14				ACRES/UNITS TREATED 15			COMMODITY/SITE TREATED 16					
CHEM. NO. 17	MANUFACTURER/NAME OF PRODUCTS APPLIED 18				EPA/CALIF. REGISTRATION NUMBER FROM LABEL 19			TOTAL PRODUCT USED 20			RATE 21	DILUTION 22
								<input type="checkbox"/> LB. <input type="checkbox"/> OZ. <input type="checkbox"/> PT. <input type="checkbox"/> QT. <input type="checkbox"/> GA.				
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DAYS REENTRY 24			DAYS PREHARVEST 25			APPLIED/SUPERVISED BY 26						

* Submit WHITE COPY to the COUNTY AGRICULTURAL COMMISSIONER within 7 days of application.

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