

PRODUCTION AGRICULTURE MONTHLY PESTICIDE USE REPORT

Submit to the Agricultural Commissioner within 10 days of the month following application.

Month _____ Year _____

Nursery

Operator ID/Permit No	Operator (Grower)	Address	City	Zip Code
-----------------------	-------------------	---------	------	----------

Site Identification No	Total Planted Acres/Units	County Number	Section	Township	Range	Base & Meridian
				<input type="checkbox"/> N <input type="checkbox"/> S	<input type="checkbox"/> E <input type="checkbox"/> W	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> H

Commodity/Site Treated	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>											Field Location

Chemical Code Number	Date/Time Application Completed	Acreage/Units Treated	Application Method (Check One)	Block ID (If Applicable)	EPA or State Registration Number (From Label)	Total Product Used	Days Reentry	Rate Per Acre	Dilution	Product and Manufacturer
			Ground <input type="checkbox"/> Air <input type="checkbox"/> Other <input type="checkbox"/>		- - -	<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
			Ground <input type="checkbox"/> Air <input type="checkbox"/> Other <input type="checkbox"/>		- - -	<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
			Ground <input type="checkbox"/> Air <input type="checkbox"/> Other <input type="checkbox"/>		- - -	<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
			Ground <input type="checkbox"/> Air <input type="checkbox"/> Other <input type="checkbox"/>		- - -	<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
			Ground <input type="checkbox"/> Air <input type="checkbox"/> Other <input type="checkbox"/>		- - -	<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
			Ground <input type="checkbox"/> Air <input type="checkbox"/> Other <input type="checkbox"/>		- - -	<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
			Ground <input type="checkbox"/> Air <input type="checkbox"/> Other <input type="checkbox"/>		- - -	<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
			Ground <input type="checkbox"/> Air <input type="checkbox"/> Other <input type="checkbox"/>		- - -	<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
			Ground <input type="checkbox"/> Air <input type="checkbox"/> Other <input type="checkbox"/>		- - -	<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				

Report Prepared By _____

Date _____

Reviewed By _____

For Agency Use Only