

DAILY HERBICIDE APPLICATION REPORT

Business Name _____

License # _____

Applicators Name _____

Certification # _____

DAY MONTH YEAR _____

Weather Conditions: _____ TEMP: _____

LOCATION: _____ Start Time: _____ Stop Time: _____

BLDG/SITE Description	Unit of Measure in Acres	Target Pests	Herbicide Used	EPA REG #	Amount Used Gals/oz/lbs	Pounds Active Ingredient
TOTALS						

Applicators Signature: _____