



PESTICIDE APPLICATION RECORD (Version 4)

Washington State Department of Agriculture
Pesticide Management Division
PO Box 42560
Olympia WA 98504-2560
(877) 301-4555

NOTE: This form must be completed same day as the application and it must be retained for 7 years (Ref. chapter 17.21 RCW)

A. Date of Application - Year: _____ Month: _____ Day: _____

B. Firm Name: _____ Telephone No.: _____

Commercial Applicator's Name: _____ License No.: _____

Street Address: _____ City: _____ State: _____ Zip: _____

C. Name of person(s) who applied the pesticide: _____

License No(s): _____

D. Pesticide Information (list all information for each pesticide including spray adjuvants (buffer, surfactant, dye, etc.) in the tank mix):

Full Product Name	EPA Reg. No.	Concentration
		Amount: (Lbs., Qts., etc.) of brand per 100 gallons of tank mix. Amount and unit must be specified.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. Application crop or site: _____

F. Apparatus License Plate No. _____

G. Record the following information for the specific conditions during each application:

	CUSTOMER (a) full name (b) complete address	AMOUNT APPLIED (gals. of mix)	AREA TREATED (sq. ft., etc.)	START & STOP TIME	TEMP F°	WIND	
						DIR	VEL (mph)
1. a)	_____	_____	_____	_____	_____	_____	_____
b)	_____	_____	_____	_____	_____	_____	_____
2. a)	_____	_____	_____	_____	_____	_____	_____
b)	_____	_____	_____	_____	_____	_____	_____
3. a)	_____	_____	_____	_____	_____	_____	_____
b)	_____	_____	_____	_____	_____	_____	_____
4. a)	_____	_____	_____	_____	_____	_____	_____
b)	_____	_____	_____	_____	_____	_____	_____
5. a)	_____	_____	_____	_____	_____	_____	_____
b)	_____	_____	_____	_____	_____	_____	_____
6. a)	_____	_____	_____	_____	_____	_____	_____
b)	_____	_____	_____	_____	_____	_____	_____
7. a)	_____	_____	_____	_____	_____	_____	_____
b)	_____	_____	_____	_____	_____	_____	_____
8. a)	_____	_____	_____	_____	_____	_____	_____
b)	_____	_____	_____	_____	_____	_____	_____
9. a)	_____	_____	_____	_____	_____	_____	_____
b)	_____	_____	_____	_____	_____	_____	_____

INSTRUCTIONS

Pesticide Application Record (Version 4) AGR FORM 640-4234 (R/4/07)

This form may only be used for commercial residential ornamental and lawn applications. It may not be used to satisfy the application record requirements for agricultural employers.

- A. Date may be spelled out or indicated numerically.
- B. Include first and last name of the commercial applicator.
- C. Include first and last name(s).
- D. Product name: Brand name found on the pesticide label including adjuvants (buffer, spreader, sticker, surfactant, etc.).
- E. Indicate type of land treated, not location. Examples: Rights of way, lawn, trees and shrubs, driveways, etc.
- F. List the number of the license plate affixed to the apparatus.
- G. Customer's name and application information should be listed on line A. Street address should be listed on line B, including city. Additional pages may be added for additional customers on the same day, so long as the information in A through F remains the same.