

PESTICIDE USE REPORT

Nursery

County No.	Section	Township <input type="checkbox"/> N <input type="checkbox"/> S	Range <input type="checkbox"/> E <input type="checkbox"/> W	Base & Meridian S M H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	App. Method Air <input type="checkbox"/> Ground <input type="checkbox"/> Other <input type="checkbox"/>	Permittee/Property Operator	Applicator Name and Address <div style="background-color: #cccccc; height: 100px;"></div>
Operator ID/Permit No.				Site Identification Number		Total Planted Acres/Units	
Location						Block ID (If Applicable)	
Date/Time Applied			Acres/Units Treated		Commodity/Site Treated		

Chem No	Manufacturer/Name of Product Applied	EPA/Calif. Registration No. From Label	Total Product Used	Rate	Dilution
		- - -	<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA		
		- - -	<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA		
		- - -	<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA		
		- - -	<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA		
		- - -	<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA		
		- - -	<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA		

Days Reentry	Days Preharvest	Applied/Supervised By
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Submit to AGRICULTURAL COMMISSIONER within 7 days of application.