

405 S. 21st St
Sparks, NV 89431

2300 E St. Louis Ave.
Las Vegas NV 89104

PESTICIDE APPLICATION RECORD FOR: Agency Name _____ ▲ ■

MONTH/YEAR: _____ ▲ ■
GOVERNMENT LICENSE NO.: _____ ▲ ■

	Date ▲ ■	Property Address Treated ▲ ■	Brand Name or Generic Name of the Pesticide ▲ ■	EPA Registration Number ▲ ■	Total Amount of diluted material and concentration Applied ▲ ■; or Amount of Undiluted Product (Rate/Acre) ■	# of Units or Area Treated or Vol. Fumigated ▲	Item , Site or Commodity Treated ▲ ■	Full Name of the Applicator ▲ Full Name of the Applicator or Applicator Supervising the Application ■
1								
2								
3								
4								
5								
6								
7								
8								

	Temperature Start ▲ ¹ Finish		Wind Velocity & Wind Direction Start ▲ ¹ Finish		Start and Finish Time of Treatment Start ▲ ¹ ▲ ² Finish		Purpose for which the site was treated ▲ ¹ ▲ ²
1							
2							
3							
4							
5							
6							
7							
8							

NOTE: ▲ & ■, indicate which columns must be reported for each type of application record according to various required state, or federal reporting laws.
▲ = Government applicators
■ = Application of Restricted Use Pesticides (RUP's).
▲¹ = required if treatment is conducted in categories of invertebrate/vertebrate/weeds aquatic weeds terrestrial and plant diseases.
▲² = required if treatment is conducted in fumigation categories.
* 2 Years of Records required for each property treated = ▲ ■

405 S. 21st St
Sparks, NV 89431

NEVADA DEPARTMENT OF AGRICULTURE
PESTICIDE USE REPORT

2300 E. St. Louis Ave
Las Vegas NV 89104

PESTICIDE APPLICATION RECORD FOR GOVERNMENT (▲), AND RESTRICTED USE PESTICIDES(■)

PESTICIDE APPLICATION RECORD FOR: Agency Name _____▲■

MONTH/YEAR: _____▲■
GOVERNMENT LICENSE NO. : _____▲■

	Date ▲ ■	Property Address Treated ▲ ■	Brand Name or Generic Name of the Pesticide ▲ ■	EPA Registration Number ▲ ■	Total Amount of diluted material and concentration Applied ▲ ■; or Amount of Undiluted Product (Rate/Acre) ■	# of Units or Area Treated or Vol. Fumigated ▲	Item , Site or Commodity Treated ▲ ■	Full Name of the Applicator ▲ Full Name of the Applicator or Applicator Supervising the Application ■
9								
10								
11								
12								
13								
14								
15								
16								

	Temperature Start ▲ ¹ Finish		Wind Velocity & Wind Direction Start ▲ ¹ Finish		Start & Finish Times of Treatment Start ▲ ¹ ▲ ² Finish		Purpose for which the site was treated ▲ ¹ ▲ ²
9							
10							
11							
12							
13							
14							
15							
16							

*FOR OFFICIAL USE
ONLY*