

Pesticide Application Notice

AG. Science North Greenhouses UK College of AG.

Pesticide : Day: _____ Date: _____ Time: _____

Re-Entry: Day: _____ Date: _____ Time: _____

<u>GH#</u>	<u>Zone#(s)</u>	<u>Chemical(s)</u>	<u>Total Amount of Product</u>	<u>EPA Registration #</u>	<u>Restricted Re-Entry Interval</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Purpose of Application: _____

Area Treated:(Zones, Tables, Pots Ect...) _____

Applicator : Name: _____

Daytime Phone # _____ Night time Phone# _____

Division of Pesticides License # _____

Alternate Contact: Name: _____

Daytime Phone # _____ Night time Phone# _____