Pesticide Application Notice

AG. Science North Greenhouses UK College of AG.

Application : Day: _____ Date: _____ Time: _____

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

GH#	Zone#(s)	Chemical(s)	Total Amount of Product	EPA Registration #	Restricted Re-Entry Interval

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# _____