

DATE OF APPLICATION ____/____/____ **NOTICE** TIME _____

Pesticide Application

Course _____

| | | | | | |
|-----------------|-------|------|-------|-------------|-------|
| NAME OF PRODUCT | _____ | EPA# | _____ | AMOUNT USED | _____ |
| | _____ | EPA# | _____ | AMOUNT USED | _____ |
| | _____ | EPA# | _____ | AMOUNT USED | _____ |
| | _____ | EPA# | _____ | AMOUNT USED | _____ |

CONTROL PURPOSE Disease Insects Weeds Other Specific Pest _____

LOCATION Greens Tees Fairways Rough Other Specific Location _____

Applicator _____ Certificate# _____

Addition Information _____ Phone _____

Post for 24 Hours