

Arizona Department of Agriculture Environmental Services Division

Office Use Only

1688 W. Adams, Phoenix, AZ 85007

Harvest Date Crop Section Township Range Acres Crop Section Township Range Acres Crop Section Township Range Acres Additional Field Descriptions Product/Brand Name EPA Registration Number Active Ingredient Of Measure/Acre 100 GAL Chemical Total Volume Per Acres No Supplemental Label Required Acres No Supplemental Label Required Acres No Other: Total Acres No Supplemental Label Required Other: Supplemental Label Required Other: Label Restrictions/Special Instructions	TOF AGE	Phone 6	02-542-0901	Fax 602-542-0	0466	Web-site www.azda.gov					
PGP # County Pest Conditions Pest Pend Pert Conditions Pert Pert Pest Pest Pest Pest Pest Pest Pest Pes				Fo	rm	1080					
Pest Conditions PAM Area Yes No No No No No No No N	Seller				PSP#_			Date			
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Product/Brand Name		Section	Township	Range	Acres		Section		Range	Acres	
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Product/Brand Name											
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Product/Brand Name											
Product/Brand Name	Additional Field Descripti	ons									
Product/Brand Name											
Product/Brand Name								Rate & Unit	Dilution/	Total	
Acres Per Acre	Product/Brand Name		EPA Registration Number			Active Ingredient					
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Label Restrictions/Special Instructions Custom Applicator	Acres	Per Acre									
Custom Applicator											
Grower/Pesticide Advisor's Signature	Label Restrictions/Specia	al Instruction	1S								
Grower/Pesticide Advisor's Signature											
Grower/Pesticide Advisor's Signature											
Grower/Pesticide Advisor's Signature											
I, undersigned certify that the above instructions comply with Arizona Revised Statutes, Title 3, Article 6 and A.A.C. R3-3-302. A.A.C. R3-3-302 PESTICIDE APPLICATION REPORT I, the undersigned, certify that an application of pesticides was made by the designated applicator in strict compliance with the above recommendation and instructions on the date and under the conditions specified below. Equipment Tag # Time(s) of Application Wind Direction & Velocity Date(s) Applied Deviation From Instructions Company Name PGP/CA # Grower/Applicator Signature PUP/PUC # Print Operator(s)/Pilot Name AAP #	Custom Applicator					Delivery Location					
A.A.C. R3-3-302 PESTICIDE APPLICATION REPORT I, the undersigned, certify that an application of pesticides was made by the designated applicator in strict compliance with the above recommendation and instructions on the date and under the conditions specified below. Equipment Tag # Time(s) of Application Wind Direction & Velocity Date(s) Applied Deviation From Instructions Company Name	Grower/Pesticide Advisor	r's Signature)		ith . A i	Bridge 10(e)(dec Title 0	PGP/P	CA Number			
I, the undersigned, certify that an application of pesticides was made by the designated applicator in strict compliance with the above recommendation and instructions on the date and under the conditions specified below. Equipment Tag # Time(s) of Application Wind Direction & Velocity Date(s) Applied			-		/ With Ariz	zona Revised Statutes, Title 3, A	Article 6 a	and A.A.C. R3-3-30	12.		
Equipment Tag # Time(s) of Application Wind Direction & Velocity Date(s) Applied Deviation From Instructions Company Name	I, the undersigned, certify	that an app	lication of pesticide	es was made by the	e designa	ated applicator in strict complian	ce with th	ne above recomme	ndation ar	d	
Company Name						Wind Direction & Velocity		Date(s	s) Applied		
Company Name						<u> </u>					
Company Name											
Grower/Applicator SignaturePUP/PUC # Print Operator(s)/Pilot NameAAP #	Deviation From Instructio	ns									
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