

Commercial Pesticide Application Record

Applied for WSDOT

Reference (RCW 17.21) A new form shall be filled out each day or time the pesticide tank mixture is modified during the day or each time the Sign Route or County is changed. **This Record Must be Retained for 7 Years. This form must be completed on day of application.** WSDOT, Roadside Management Branch, P.O. Box 47358, Olympia, WA 98504-7358. Phone (360) 705-7852.

Contract Number		County		Date of Application			Day of Week			Start				_	
SR [Description of Area Trea		ated			Station to Station		on	Finish			☐ AM ☐]PM		
Description of Area Treated								Station to Station							
Check Appropriate NB EB SB WB	□Rest				ge □ Bla		inket S	ay Spray Width							
☐ Weeds ☐ List Pest(s):	sh Noxious	☐ Insect	cts Disease Seed Other						Zone 1 (Bare Ground) ☐ Yes ☐ No						
Start Weather Temperature OF(°C) Wind (Direction From) Wind (Range) Mind (Range) Mi												nph(km/h)			
Finish Weather Temperature °F(°C) Wind (Direction From) Wind (Range) mph(km/h) Conditions															
Material Name		Manufacturer	EPA F	Reg. No.	Lot Number		er	Product Per Acre (hectare)	Ingre Acre(Active Ingredient per Acre(hectare)		Amount Per Tank	Total Daily Usage	Unit	
	Oil (As Carrier)		Units: Ozd= Ounces Dry Lb= Ozl= Ounces Liquid G			= Pound		g= gram	kg=kilogram						
Water Source			J 0 = . 0 0	Ozl= Ounces Liquid Ga= 0 Pt= Pint Qt= Quart			llon ml=Millilite			er L= Liter					
		Day													
								ons(liters) of spray per acre(hectare).							
Equipment Apparatus Number Information			Calibi	Cambration Date			· -			Dom Other (Specify					
☐ Handspreader ☐ Belly Grinder ☐ Backpack				☐ Handgun							☐ Tank Mix (Conv.) ☐ Invert☐ Injection				
Nozzle Model Number				Pressure				Number of Nozzles			Width of Spray Pattern				
Information Business Name/Co	ontrac	ctor				PSI(kPa)				Feet(meter) Phone				
Address City											State	Zip C	ode		
Commercial Applicator Name					Commercial Applicator Pesti			cide Lic. No. Commerci			al Applicator Signature				
Commercial Operator's Name Co					Commercial Operator Licens			se No.			Any additional operators names & lic. numbers must be listed in "remarks"				
Prime Contactor Sub			Subcontrac	bcontractor				Inspector Name			Phone				
Remarks												-	Registratio	n	
											Contacts	Yes	□ INO		
Division of Em	nerg	ency Manage	ment (1-	800-258	-5990)									