



PESTICIDE APPLICATION RECORD (Knotweed)

Washington State Department of Agriculture
Plant Protection Division
PO Box 42560
Olympia, WA 98504-2560
(360) 902-1853

NOTE: This form must be completed same day as the application and it must be retained for 7 years (Ref. Chapter 17.21 RCW)

1. YEAR OF PESTICIDE APPLICATION	MONTH OF APPLICATION	DAY OF APPLICATION	START TIME OF APPLICATION	STOP TIME OF APPLICATION
2. NAME OF PERSON FOR WHOM PESTICIDE WAS APPLIED			FIRM NAME (IF APPLICABLE)	
STREET ADDRESS			CITY	STATE ZIP
3. LICENSED APPLICATORS NAME (IF DIFFERENT FROM #2 ABOVE)			LICENSE NUMBER	
FIRM NAME (IF APPLICABLE)			TELEPHONE NUMBER	
STREET ADDRESS			CITY	STATE ZIP
4. PERSON "A" WHO APPLIED PESTICIDE (IF DIFFERENT FROM #3 ABOVE)	PERSON "A" LICENSE NUMBER	PERSON "B" WHO APPLIED PESTICIDE	PERSON "B" LICENSE NUMBER	
PERSON "C" WHO APPLIED PESTICIDE	PERSON "C" LICENSE NUMBER	PERSON "D" WHO APPLIED PESTICIDE	PERSON "D" LICENSE NUMBER	
5. APPLICATION CROP OR SITE			6. TOTAL AREA TREATED (ACRE, SQ. FT., ETC.)	

7. Please list all information for each pesticide in the tank mix (including surfactants) or pesticide injected:

(a) Product Name	(b) EPA Reg. No.	(c) Total Amount of Herbicide Applied in Area Treated (in gallons)	(d) Herbicide Applied/Acre (or other measure)	(e) Concentration Applied
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. Address or **geographical coordinates** of application: _____

NOTE: If the application is made to one or more acres of agricultural land, the field location must be shown on the map on page two of this form.

9. Wind direction and estimated velocity during the application: _____

(The permit requires foliar treatments to occur when the wind is less than 10 miles per hour)

10. Temperature during the application: _____

11. Apparatus license plate number (if applicable): _____

12. Ground Injection

13. Plant Specific Information (check one in each row):

- Plant density:** Seedlings/Regrowth from shoots Scattered stand Dense stand
- Height of plant:** Less than 1 foot 1 to 5 feet 5 feet or taller

14. Location of Application (If the application covers more than one township or range, please indicate the township & range for the top left section of the map only):

Township: _____ N

Range: E or W (please indicate) _____

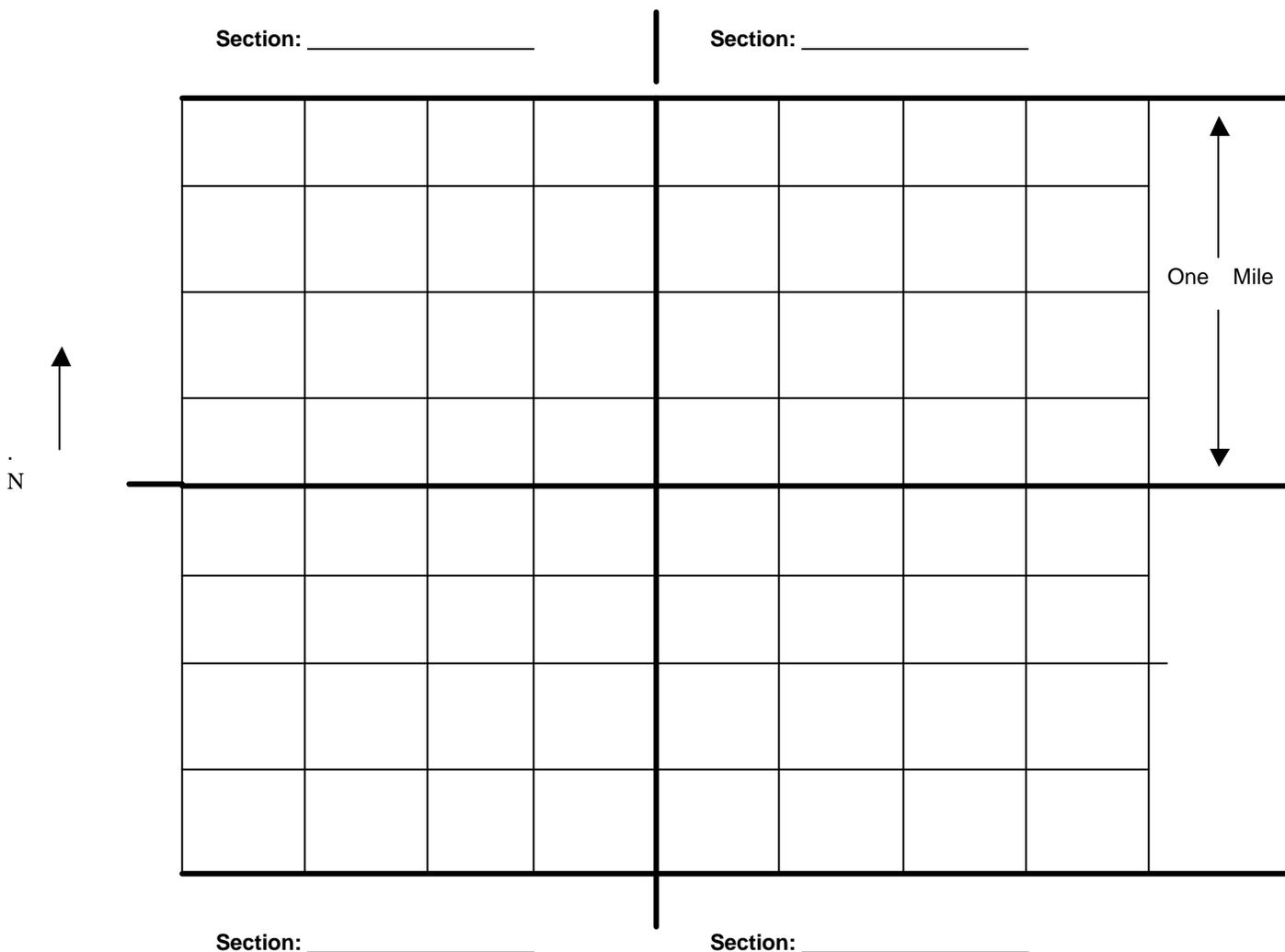
Section(s): _____

County: _____

Please Note:

This map is divided into 4 sections with each section divided into quarter-quarter sections.

Please complete it by marking the appropriate section number(s) on the map and indicate as accurately as possible the location of the area treated.



15. Miscellaneous Information:

Instructions for completing PESTICIDE APPLICATION RECORD (Knotweed)

1. Date may be spelled out or indicated numerically. Time may be indicated as start and stop times.
2. Include the first and last name of person for whom pesticide was applied.
3. If the person's name is the same as No. 2, please write "same" in the space for the licensed applicator's name and include the license number, address, and telephone number.
4. Include first and last name(s) of Licensed Pesticide Applicator and license number.
5. Indicate type of land or site treated, not location. Examples: wheat, apples, rights-of-way, lawn, trees and shrubs, crawl space, wall voids, etc.
6. May also be stated in terms such as linear feet, cubic feet, etc. (Please specify the term to which the number refers.)
7. List information for each pesticide in the tank mix (including surfactants) as follows:
 - a) Brand name found on the pesticide label.
 - b) This number is found on the pesticide container label. If the material is being applied federal experimental use permit number. If the material is a spray adjuvant (buffer, spreader, stickers, etc.) please write "adjuvant" in this space.
 - c) Indicate the amount of pesticide formulation (product) applied to the total area listed on line 6.
 - d) Other measures may include amount/sq. ft., amount/cu. ft., amount/linear ft. etc.
 - e) This may be listed in various ways, such as: amount of formulation/100 gallons water, percent formulation in the tank mix (i.e. 1%), amount of tank mix/acre (or other measure). Please specify the term to which the number refers.
8. Enter geographical coordinates from GPS unit or the address of the property owner. Agricultural land includes forestlands and rangelands. It does not include transportation and utility rights-of-way.
9. Indicate the direction from which the wind is blowing. If the wind varies in direction and velocity during the application, please indicate the range of variance (i.e. S-SW 3-7 mph).
10. Indicate temperature in degrees Fahrenheit. (It may be indicated as the range encountered during application.)
11. This does not apply to private applicators or public agencies.
12. Check the method of application used. (check only one box)
13. Check the one statement that best describes the plants density. Check the one statement that best describes the plants height.
14. If the pesticide is being applied to one acre or more of agricultural land, complete this map with township, range, section, and county information.
15. This space is available for any additional information you may wish to include.