

**Texas Department of Agriculture
Pesticide Applicator Record**



COMMISSIONER SID MILLER

Business/Applicator Name _____ Address _____

Application Date	Time Started	Name of the person for whom the application was made	Location of Land Treated		Site Treated	Wind Direction	Wind Velocity	Air Temp
Product Trade Name	EPA Registration Number	Target Pest	Rate of Product Per Unit	Method or Type of Equipment Used To Make Application		FAA "N" Number for Aerial Application Equipment:		
Is Application Applied in Regulated County: <input type="checkbox"/> Yes <input type="checkbox"/> No				Regulated Herbicide Permit Number:				
Licensed Applicator's Name and License Number		Non-licensed Applicator's Name Working Under Licensee		Total Acres or Volume of Area Treated	Total Volume of Spray Mix, Dust, Granules or Other Materials Applied Per Unit			
Documentation used to verify training of non-licensed applicator (Mark Applicable Box) <input type="checkbox"/> Direct Supervisor Affidavit <input type="checkbox"/> WPS Handler Card <input type="checkbox"/> Signed & Dated Label								

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