

Name _____

Address _____

Dealer License Number _____

**TEXAS DEPARTMENT OF AGRICULTURE
COMMISSIONER SID MILLER
DEALER'S RECORD OF DISTRIBUTION OF STATE-LIMITED-USE
AND RESTRICTED-USE PESTICIDES
AND REGULATED HERBICIDES**

For _____
(Month) (Year)

Date of Distribution	Complete Name of Person to Whom the Pesticide was Distributed	Complete Mailing Address of Person to Whom the Pesticide was Distributed	Licensed or Certified Applicator No., Dealer License No. or Veterinary License No. of the Person to Whom the Pesticide was Distributed	Brand Name and EPA Registration Number	Quantity of Pesticide Distributed	*Name & Address of Nonlicensed Person to Whom the Pesticide was Distributed

All record-keeping requirements of Chapter 76 of the Texas Agriculture Code, and rules adopted thereunder, will be satisfied by recording the information listed on this form for all distributions of restricted-use and state-limited-use-pesticides and regulated herbicides. Records must be retained for a period of two years from the date of distribution.

*If the distribution is made to a nonlicensed person acting under the authorization of a licensed or certified applicator, the name and address of the nonlicensed person must be recorded.

I certify that the information provided herein is true and correct.

Dealer's Signature: _____ Date signed _____