

**NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
 DIVISION OF MATERIALS MANAGEMENT ● BUREAU OF PEST MANAGEMENT  
 www.dec.ny.gov  
 RECORDKEEPING FOR WPS AND PRIVATE APPLICATORS**

PESTICIDE APPLICATION RECORD FOR \_\_\_\_\_

*(Farm, business name, etc.)*

APPLICATOR NAME/CERTIFICATION # \_\_\_\_\_

IF NOT CERTIFIED - SUPERVISING APPLICATOR NAME/CERTIFICATION# \_\_\_\_\_

**NOTE: LIST ALL RESTRICTED USE PESTICIDES PURCHASED BY PRODUCT NAME AND EPA REGISTRATION NUMBER ON THE BACK OF THIS FORM**

Required by WPS or by State Certification Regulations							Recommended, or USDA requirements			
Year_____	Crop and Target Pest	Area Treated: Location and Description	Active Ingredient and Product Name	EPA Registration Number	Method of Application* for example: air blast sprayer	Restricted Entry Interval		Wind Speed and Direction***; and AEZ distance***	# of Units or Acres Treated**	Total Amount of Product Used** (indicate unit: oz., lb., pt., qt., gal.)
						Duration (hours)	Expiration (mm/dd/time)			

\*Required for restricted-use products only. \*\* USDA requirement for Federally Restricted Pesticides

\*\*\* Recommended although not required by state or federal law.

