

MOSQUITO / FLY / ADULTICIDING / LARVICIDING PESTICIDE APPLICATION RECORD

Agency: _____ Municipality: _____

Date of Application: _____ Actual Spray Time: (Start) _____^{AM}_{PM} (Stop) _____^{AM}_{PM} County: _____

Treatment
Location (s): _____

Method of Application: _____ Target Pest: Mosquito ____ Fly ____ Adulticiding ____ Larviciding ____

Air Temperature: (Start) _____ (Stop) _____ Wind Speed: (Start) _____ (Stop) _____

Pesticide Used (Brand Name)	Active Ingredient	EPA Registration #
_____	_____	_____
_____	_____	_____

*Mixing Rate (Amount of Concentrate/Diluent)	Total Amount of Pesticide Mixture Used
_____	_____
_____	_____

*The mixing Rate shall include the total amount of pesticide concentrate and the total amount of diluent used to mix the pesticides as required by the label.

Notification (N.J.A.C.7:30-9.10) Community or Area Wide Applications: Yes* ____ No ____ Not Applicable ____

*List 2 Local Newspapers: (Legal Ad) 1. _____

(Display Ad) 2. _____

Responsible Certified Applicator's Name: _____ License # _____

Pesticide Applicator/Operator Name (if applicable) _____ License # _____



SUBMIT COPIES OF YOUR RECORDS WITHIN 3 WEEKS OF THE
APPLICATION TO THE PESTICIDE CONTROL PROGRAM
DO NOT LEAVE ANY PART OF THIS FORM BLANK

