



Pesticide Use Record For The Year 20_____

Ministry of Environment

Authorization Holder Name¹: _____

Authorization No.²: _____

Client Name (if client holds an authorization)³: _____

Client Authorization Number (if applicable)³: _____

Applicator Name: _____

Applicator Certificate No.: _____

Date (mm/dd) Start Time	Name ⁴ Address ⁴	Treatment Location (Address or Description) ⁵	Target Pest or Purpose of Treatment	Pesticide Brand Name	Application Rate	Application Method	Wind Speed ⁶	Temperature ⁶
				PCP Number	Quantity of Pesticide Used		Wind Direction ⁶	Precipitation ⁶
Monitoring Method:				Injury Threshold				
Precaution Advice Given⁷:								
Date (mm/dd) Start Time	Name ⁴ Address ⁴	Treatment Location (Address or Description) ⁵	Target Pest or Purpose of Treatment	Pesticide Brand Name PCP Number	Application Rate Quantity of Pesticide Used	Application Method	Wind Speed ⁶ Wind Direction ⁶	Temperature ⁶ Precipitation ⁶
Monitoring Method:				Injury Threshold				
Precaution Advice Given⁷:								
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Monitoring Method:				Injury Threshold				
Precaution Advice Given⁷:								

¹ Name of Licence, Permit or PUN Confirmation holder

² Licence, Permit or PUN Confirmation number

³ Complete if pesticide application is performed for a Licence, Permit or PUN Confirmation Holder. Use separate pages to record information for each different Licence, Permit or PUN Confirmation holder.

⁴ Client Name and Address if pesticide is applied as a service, otherwise Property Manager Name and Address

⁵ Include forestry block numbers or unit numbers, if appropriate.

⁶ Record if pesticide application is outdoors.

⁷ Safe re-entry time, days to harvest and other advice given

Abbreviations or codes may be used to complete this record if a key to the abbreviations and codes is attached to this form.

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