



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

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COMMERCIAL PESTICIDE APPLICATOR RECORD KEEPING FORM

OWNER / OPERATOR (FIRM): _____ LICENSE NUMBER: _____ CERTIFIED APPLICATOR: _____

ADDRESS: _____ LDAF CARD NUMBER: _____

| CUSTOMER | | PESTICIDE APPLIED | | | | | | | | | APPLICATOR | |
|----------|---------|-----------------------|-----------------|-------|--------------|----------------------|--------------------|-----------------------------------|--------------|---------------------------------|------------|-------------------------------|
| NAME | ADDRESS | BRAND NAME OF PRODUCT | EPA REG. NUMBER | RUP 1 | DATE OF APP. | CROP OR TYPE OF APP. | LOCATION OF APP. 2 | SIZE OF AREA TREATED ³ | RATE OF APP. | TOTAL AMT. APPLIED ⁴ | NAME | LDAF CARD NUMBER (IF APPLIC.) |
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1. Check if Pesticide is a Restricted Use Pesticide.
2. Field number or other reference as to the location of the application.
3. Acres, square feet, minutes of spraying, etc.
4. Refers to total amount of pesticide product (concentrate) used.