Vineyard Pesticide Use Record **Prints best in Landscape Orientation**

Certified Applicators Name**:** Pesticide Applicator I.D. Number**:**

Street Address**:** Phone Number**:**

City, State, Zip**:** County:

Variety**:** Block:

Please write or print legibly

List Separately Below, All Pesticides Used

DATE	STAGE OF GROWTH	NAME OF PESTICIDE & FORMULATION	EPA REGISTRATION NO.*	RATE/ ACRE	GALLONS/ ACRE	ACRES SPRAYED	TARGET PEST	WEATHER CONDITIONS	COMMENTS (see 2nd pg. for add't comments	APPLICATORS INITIALS

***EPA registration number is required for RESTRICTED USE pesticides**

GROWER SIGNATURE: **DATE:**

DATE	ADDITIONAL COMMENTS FROM FRONT PAGE

RESTRICTED PESTICIDE PURCHASE RECORD		LIST ALL RESTRICTED USE PESTICIDE PURCHASED BY TRADE NAME AND EPA REGISTRATION NUMBER BELOW
DATE PURCHASED	**TRADE NAME**	**EPA PRODUCT REGISTRATION NUMBER**