

PRIVATE APPLICATOR PESTICIDE APPLICATION RECORD**

Establishment: _____

Name and Address of Certified Applicator	Name and Address of Applicator Who Made the Treatment (if different from certified applicator)	Location of Treated Area	Date and Time of Application	Product Name, Active Ingredient(s), and EPA Reg. No.	Crop or Site Treated and Amount or Size Treated (no. acres, no. plants)	Application Rate and Total Amount Used	Re-stricted Entry Interval (REI) (hours)	DO NOT ENTER UNTIL: (month/ day/ time)	Comments

**Completion of all items meets Maryland and EPA Worker Protection Standard pesticide application record keeping requirements.