

**Commercial Pesticide Application Record Form
Cornell Greenhouses**

Name/Range: _____
 Certification ID Number: _____
 Address/Municipality: _____
 Zip Code: _____

Bus./Agency Reg. No.: _____
 Year: _____

Bolded items are required for the NYS DEC annual report

Row #	EPA Registration Number	Product / Active Ingredient	Quantity Product Used	Units*	Application Date:Mo/Da End Time:	Crop/Site	Target Pest	Applic. Method**	Dosage Rate	REI Duration (hours)	REI Expiration Date:Mo/Da Time:
EX.	123-456	Product X	25	ML	2/19	Geraniums/GH11	mites	Sp.	2.5 ML/Gal.	12	2/20
					1:30 am/pm						1:30 am/pm
1					am/pm						am/pm
2					am/pm						am/pm
3					am/pm						am/pm
4					am/pm						am/pm
5					am/pm						am/pm
6					am/pm						am/pm
7					am/pm						am/pm
8					am/pm						am/pm
9					am/pm						am/pm
10					am/pm						am/pm
11					am/pm						am/pm
12					am/pm						am/pm

*units: use only GL=Gallons, QT=Quarts, FL=Fluid Ounces, LB=Pounds, OZ=Dry Ounces, L=Liters, ML=Milliliters, KG=Kilograms, GM=Grams, MG=Milligrams
 **Applic. Method: Sp.=Spray, S-Drch.=Soil-Drench, S-Dry=Soil-Dry, Aero.=Aerosol, Smk.=Smoke, Dip=Dip, CT=Cooling Tower, Fum.= Fumigation