Application record

Operator's Name: _____

Customer Name: _____ Phone #_____

Mailing Address: _____

Property Location:

_____

_____

Infestation: **Control of the Adult mosquito and Mosquito Larvae**

Recommendation: _____

EPA #_____

Chemical Name	Chemical Company	Total OZ'S	Amount per MILE
Labor: _____	_____	_____	_____

Equipment: _____

Miles: _____

Chemical: _____

Start time: _____ Stop time: _____ Hrs. worked: _____

Wind Direction: _____ Velocity: _____ Temp: _____

Acres treated- ROW: ____ Trees: _____ BLDG SITES_____ Other: _____

Miles or Blocks Sprayed: _____

Comments:

_____

_____

_____

Applied by: _____ Customer Signature: _____

Name and Applicator License Number