

Regulatory Treatment Record

Fill in all blanks and print clearly. Use Only Blue Ink

Indicate any discrepancies between actual and presented data

Grower Name:

Grove Address:

Contact Name:

Grove Management

SiteID No:

Block No:

Agreement No:

Treatment Date:

Next Treatment Date

Contact Phone No

Zone No:

Cross Street:

Thomas Bros.Info:

Longitude

 W

Latitude

 N

Treatment No.

Treatment Type

Schedule

Days

Treatment Start Time

Treatment End Time

Chemical Name:

First Treatment Date:

Crop Type:

Applicator Name:

Trade Name

Previous Treatment Date

Crop Variety:

Applicator License No

EPA No.

Under Section 18:

SLN Signed:

Remarks:

Chemical Amt:

Oz.

Lure Amt:

Oz.

Water Amt:

Gal.

Total Trees:

Total Acres:

Treatment Interval

Days

Officer Name: