Pesticide Recordkeeping Form for Oklahoma Commercial and Non-

commercial Applicators RUP Dicamba Products Form Number Keep for 2 years **ODAFF Required Information** Start & Stop Time of Application Total Amount of Pesticide Used Name of Applicator Company Company address Name and certification number of the certified applicator who made the application. Name of whom applied (Customer) Whom applied (Customer) address Legal Description where applied **Date of Application Application Rate** Dilution Rate for mixing Total quantity of pesticide tank mix used Complete Trade/Brand Name **EPA Registration Number** Adjuvants used if required by label Drift Reduction Agents used if required by label Target Pest for application Site where pesticide applied Size of the area treated (Acres/ft2) Restricted Entry Interval (REI) Attach to sheet Copy of pesticide label +receipt of purchase **RUP Dicamba Label Requirement Information** Complete Records within 72 hours of application Certified Applicator Name & Number Dicamba Training Date and Provider Company License Number Wind Speed at Boom Height at start & end Wind Direction in degrees at start & end Temperature at boom at start & end Acres treated Application Volume GPA Application Timing pre or post + days after planting if post treatment Downwind Buffer Zone Requirement used: Label 240 ft or Endangered Species Buffer Document Sensitive Crop by registry or survey Nozzle, Brand, Type, Size, Pressure during



application

Tank Mix Products Brand +EPA #

Spray System Cleanout Date and Method