



Pesticide Application Record (Version 1 — Single Application)

This form must be completed the same day as the application and it must be retained for 7 years. (Chapter 17.21 RCW)

1. Date of Application — Year: 2022 Month: NOV Day: 24 Start Time: NO TREATMENT

2. Name of person for whom the pesticide was applied: NO TREATMENT

Firm Name (if applicable): _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

3. Licensed Applicator's Name (if different from #2 above): Chase Metzger License Number: 65552

Firm Name (if applicable): Coastal AG LLC Phone Number: 2062769115

Street Address: 12507 Y PL City: Long Beach State: WA Zip Code: 98631

4. Name of person(s) who applied the pesticide (if different from #3 above): _____

License Number(s) (if applicable): _____

5. Crop or Type of Site: _____

6. Total Area Treated (acre, square feet, etc.): _____

7. Was this application made as a result of a WSDA Permit? ☐ No ☐ Yes — If yes, give Permit Number: _____

8. Pesticide Information (list all information for each pesticide, including adjuvants (buffer, surfactant, etc.) in the tank mix):

a) Full Product Name	b) EPA Registration Number	c) Total Amount of Pesticide Applied in Area Treated	d) Pesticide Applied / Acre (or other measure)	e) Concentration Applied
<u>NO TREATMENT</u>				

9. Address or exact location of application (if the application is made to one acre or more of agricultural land, the field location must be shown on the map on page two of this form):

10. Wind direction and estimated velocity (mph) during the application: _____

11. Temperature (F°) during the application: _____

12. Apparatus license plate number (if applicable): _____

13. Application Method / Type: ☐ Air ☐ Ground ☐ Chemigation

14. Depth of Chemigation Application: _____

15. Other Information: _____