

Date of application: _____

Time of application: _____

NOTICE PESTICIDE APPLICATION

Golf course name: _____

Golf course address: _____ Phone #: _____

Pesticide(s) Applied:	_____	EPA #'s:	_____	Amt. applied:	_____
	_____		_____		_____
	_____		_____		_____
	_____		_____		_____

CONTROL PURPOSE: Disease Insects Weeds Other Specific Pest: _____

LOCATION: Greens Tees Fairways Rough Other Specific Location: _____

Pesticide Applicator: _____ Certificate #: _____

Additional Information: _____

This information is to remain posted for at least 24 hours after the application is completed