Private Applicator Pesticide Application Record for _____ (farm or establishment name) *This form satisfies the private applicator record keeping requirements of the New Mexico Pesticide Control Act, the Worker Protection Standard, and USDA.*

Dates		Place of Application			Pesticides Applied					Weather Info			Applicator Info	
Date & time of application	REI or re-entry date & time	Location (field name,GPS, etc.)	Crop or Site	Size of area treated	Brand name(s)	EPA No.	Active ingredients	Conc. applied (%, oz/A, ppm etc.)	Total amt. diluted pesticide applied	Wind speed	Wind direction	Temp	Name	Lic.No. or Handler No.