

# Commercial Applicator TN Pesticide Recordkeeping Form

REQUIRED											
1. Date of Service	2. Applicator Name(s) <hr style="border: none; border-top: 1px solid black; width: 80%; margin: 5px 0;"/>	4. Landowner, Agent or Other Person Employing Applicator	5. Site (Crop, Plant, House, Business, or Building Pesticide is Applied)	6. Location	7. Physical Address  OR Farm Services Agency No.	8. Target Pest(s)	9. Pesticide Used <hr style="border: none; border-top: 1px solid black; width: 80%; margin: 5px 0;"/>	10. Application Rate	11. Percentage of Mixed-Use Dilution <hr style="border: none; border-top: 1px solid black; width: 80%; margin: 5px 0;"/>	12. Amount of Pesticide Used <hr style="border: none; border-top: 1px solid black; width: 80%; margin: 5px 0;"/>	13. Notes

**Note: Keep true and accurate records of both restricted and non-restricted pesticide use, retain record for two (2) years, and make the original records and copies available to the Commissioner of Agriculture or his/her designee.** Rule 0080-6-14-.12.