

Grower Work Order

Owner or operator name: _____ Permit/Op ID#: _____

Address: _____

Phone Number(s): _____

Ranch, Farm or Location to be treated: _____

The commodity, crop, or site to be treated: _____

Total acreage or units to be treated: _____

Pesticide/Adjuvant: _____ EPA/Ca Reg #: _____ Rate/acre _____ Dilution _____

Pesticide/Adjuvant: _____ EPA/Ca Reg #: _____ Rate/acre _____ Dilution _____

Pesticide/Adjuvant: _____ EPA/Ca Reg #: _____ Rate/acre _____ Dilution _____

Pesticide/Adjuvant: _____ EPA/Ca Reg #: _____ Rate/acre _____ Dilution _____

Pest(s) to be controlled: _____

The suggested schedule, time or conditions for the pesticide application or other control method:

Warning of the possibility of damages by the pesticide application that reasonably should have been known to exist: _____

Worker re-entry interval: _____ Pre-harvest interval: _____

Criteria used for determining the need for the treatment: _____

Statement that the alternatives and mitigation measures which would substantially lessen any significant adverse impact on the environment have been considered and, if feasible, adopted:

Signature of the grower making this work order: _____
(a copy shall be furnished to the applicator prior to the application)

Date: _____

Other information: _____
