

Herbicide Application Record (Product, Rate, Date, Field)

Application Information

General details about the herbicide application event.

Enter date	
Application Time (Start)	
Application Purpose (e.g., pre-emergent, post-emergent)	
Write something	
Brief Description of Application (e.g., weed stage, weather conditions	s)
Write something	
).
Application Method (e.g., Ground, Aerial)	
Ground	
Aerial Other	

Enter a number	
Any Issues Encountered During Application?	
Write something	
oduct Details	
ecifics regarding the herbicide product used.	
lerbicide Product Name	
Select Product	
Glyphosate	
Atrazine	
Dicamba	
Other (Chesifu)	
Other (Specify)	
f Other, Specify Product Name	
f Other, Specify Product Name	
f Other, Specify Product Name	

Product Formulation (e.g., EC, WP, GR)	
Write something	
Product Label (Optional)	
♣ Upload File	
EPA Registration Number	
Write something	
A Line Aires De Are O Ti	
Application Rate & Timing	
Details about the application rate, volume, and timing.	
Herbicide Rate (per acre/hectare)	
Enter a number	
Units of Rate	
☐ lbs/acre	
kg/hectare	
oz/acre	
L/ha	
gal/acre	
Matau Valausa (nan agadhastara)	
Water Volume (per acre/hectare) Enter a number	

Water Volume Units
gallons/acre
☐ liters/hectare
Application Date
Enter date
Enter date
Application Time
Application Method
Ground Spray
Aerial Spray
Spot Treatment
Other (Specify)
G state. (epselly)
Notes on Application Timing/Conditions
Write something
Field Information
Identification and characteristics of the field treated.
Field Name/Identifier

Write something...

Field Size (Acres/Hectares)	
Enter a number	
Crop Type	
Corn	
☐ Soybean ☐ Wheat	
Cotton	
Other (Specify)	
If Other Crop, Specify:	
Write something	
Planting Date	
Enter date	
Soil Type & Condition Notes (e.g., sandy loam, con	mpacted)
Write something	

	Set My Current Location	
Field Elevation	(Feet/Meters)	
Enter a number.		
Linter a number.		
Applicatio	n Equipment & Conditions	

Aerial Spray (Fixed Wing)

Aerial Spray (Helicopter)

Other (Specify)

Sprayer Ground Speed (mph)	
Enter a number	
Spray Volume (GPA)	
Enter a number	
Nozzle Size (inches)	
Enter a number	
Wind Speed (mph)	
0-5 mph	
☐ 6-10 mph☐ 11-15 mph	
☐ 16-20 mph	
Over 20 mph	
Wind Direction	
North	
South	
☐ East ☐ West	
Northeast	
Northwest	
Southeast	
Southwest	

Enter date		
ime of Application		
Veather Conditions N	otes	
Write something		
-		
rmation about the pers	on performing the application and their qualifications.	
rmation about the pers	on performing the application and their qualifications.	
Applicator Name (Firs	on performing the application and their qualifications. t and Last)	
rmation about the personal representation about the personal representatio	on performing the application and their qualifications. t and Last)	
rmation about the personal applicator Name (First Write something	on performing the application and their qualifications. t and Last) D (if applicable)	

Applicator License/Certification Type Private Applicator Commercial Applicator Other (Specify)
License/Certification Number Write something
License/Certification Expiration Date Enter date
Any Relevant Training or Refresher Courses Completed (e.g., Resistance Management) Write something
Supervision Required? Yes No
Applicator Signature