



## PEST CONTROL RECOMMENDATION

1. Operator of the property:

2. Recommendation expiration date:

Address:

County:

3. Public Land Survey System Location of area to be treated, or Assessor's parcel number if not surveyed:

4. Commodity to be treated:

5. Acres or units to be treated:

6. Method of application

- Air
- Ground
- Fumigation
- Other, explain:

7. Pest(s) to be controlled:

8. Name of pesticide(s):

Rate per acre or unit:

Dilution Rate:

Volume per acre or unit:



9. Hazards and/or restrictions:

- Highly toxic to bees.
- Toxic to birds, fish, and wildlife.
- Do not apply during irrigation or when run-off is likely to occur.
- Do not apply near desirable plants.
- Do not allow to drift onto humans, animals, desirable plants, or property.
- Keep out of lakes, streams, and ponds.
- Birds feeding on treated area may be killed.
- Do not apply when foliage is wet (dew, rain, etc.).
- May cause allergic reaction to some people.
- This product is corrosive and reacts with certain materials (see label).
- Closed system required.
- Restricted use pesticide (California and/or Federal).
- Hazardous area involved (see maps and warnings).
- Other (see attachment).

10. Schedule, time or conditions:

11. Surrounding crop hazards:

12. Proximity of occupied dwellings, people, pets, or livestock:

13. Non-pesticide pest control, warnings, and other remarks:



14. Criteria used for determining need for pest control treatment:

- Sweep net counts
- Leaf of fruit counts
- Soil sampling
- Pheromone or other trap
- Field observation
- Preventive
- History
- Other \_\_\_\_\_

15. Crop and site restrictions:

- Worker reentry interval \_\_\_\_\_ days.
- Do not use within \_\_\_\_\_ days of harvest/slaughter.
- Posting required:  Yes  No \_\_\_\_\_ days.
- Do not irrigate for at least \_\_\_\_\_ days after application.
- Do not apply more than \_\_\_\_\_ application(s) per season.
- Do not feed treated foliage or straw to livestock.
- Plantback restrictions (see label).
- Other (see attachment): \_\_\_\_\_

16. I certify that alternatives and mitigation measures that would substantially lessen any significant adverse impact on the environment have been considered and, if feasible, adopted.

Advisor Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

Advisor License Number: \_\_\_\_\_

Employer Name and Address: \_\_\_\_\_