



Herbicide Treatment Day Sheet

Certified Applicator Name: _____

Applicator #: _____ Service License # (if applicable): _____

Landowner Name: _____

Address of Treatment Area: _____

Date: _____ Time: _____

Target Weed Species: _____

Product Used: _____ PCP#: _____

Application Rate: _____ Total Product Applied: _____

Total Area Treated (ha): _____

Weather Conditions: _____

Wind Speed: _____ Temperature: _____

Signature of Certified Applicator: _____

Treatment Map (map can be attached or drawn below)