*Grower Name _____ Grower Number (If applicable) _____ Page Number _____

*Address _____ Supervisor (If applicable) _____

*City _____ State _____ Zip _____ *Licensed Applicator Certificate Number _____

* ORCHARD HUERTO FRUTAL JADEN	* BLOCK / LOCATION BLOQUE / LOCALIDAD BLOK / LOCASYON	TOTAL ACRES TREATED	* CROP/VARIETY CULTIVO KALITÉ FWI-A	* DATE DIA DAT	* TIME STARTED HORA EN QUE COMIENZA LA ÈLE COM A STAY	* TIME COMPLETED HORA EN QUE TERMIDA LA ÈLE CÔMPLET
				- -		

County: _____ Target Pest: _____

Tank Size: _____ Ac. per Tank: _____ *PPE Required: _____

*Restricted Entry/No Entrar/Pa Antre: _____ Hours

Equipment Operator Name: _____ Equipment Operator Address: _____

Equipment Operator Signature: _____

Check One: Alternate Middle _____ Complete Spray _____ Final Spray _____

Comments: (Note last Spray on any variety) _____

* PRODUCT NAME NOMBRE M PRODUCTO NON PWODUI-A	*FORMULATION (50w, 4L, etc.)	OFFICE USE	* EPA REG#	* ACTIVE INGRED. INGREDIENTE ACTIVO ACTIVÈ ENGREDIEN	RATE PER TANK	NUMBER OF LOADS NUMERO DE CARGA F NIMEWO MAMIT-LA	TOTAL AMT.	AMOUNT PER ACRE
						1 2 3 4 5		
						6 7 8 9 10		
						11 12 13 14 15		
						16 17 18 19 20		
						21 22 23 24 25		
						26 27 28 29 30		
						31 32 33 34 35		
						36 37 38 39 40		

* ORCHARD HUERTO FRUTAL *ADEN	* BLOCK / LOCATION BLOQUE / LOCALIDAD BLOK / LOCASYON	TOTAL ACRES TREATED	* CROP/VARIETY CULTIVO KALITÉ FWI-A	* DATE DIA DAT	* TIME STARTED HORA EN QUE COMIENZA LA ÈLE COM A STAY	* TIME COMPLETED HORA EN QUE TERMIDA LA ÈLE CÔMPLET
				- -		

County: _____ Target Pest: _____

Tank Size: _____ Ac. per Tank: _____ *PPE Required: _____

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						16 17 18 19 20		
						21 22 23 24 25		
						26 27 28 29 30		
						31 32 33 34 35		
						36 37 38 39 40		

Form 1215-3A This form is provided courtesy of the West Virginia Department of Agriculture, Gus R. Douglass, Commissioner.

White: Applicator Record Yellow: WPS Pink: Processor