

## APPLICATION RECORD

Sugarloaf: the North Shore Stewardship Association

218-525-0001 (Office) 218-663-7679 (Nature Center)

WATER PRESENT YES or NO (circle one)	COUNTY	SPRAYER UNIT #						Or Hand Sprayer
APPLICATION METHOD (circle one) Broadcast   Spot   Basal   Cut Stump		PRIMARY OBJECTIVE			PRIMARY TARGET			
DATE OF APPLICATION / / (MONTH)   (DAY)   (YEAR)				TIME OF APPLICATION STARTED _____ AM   PM COMPLETED _____ AM   PM				
The information in the section below must be updated at least every two hours								
TIME								
TEMPERATURE								
WIND SPEED								
WIND DIRECTION								
The information in the section below should identify application site, start point, and end point.								
JOB NUMBER	Address	Start location	Direction of travel	Start time	End location	End time	JOB DESCRIPTION/ LOCATION	
BRAND NAME & EPA REG. NO.				Adjuvants/ Surfactants Used (YES or NO)	Chemical Application Rate per Acre (ounces)	Total Chemical Used (Ounces)	UNITS TREATED (acres)	
List Adjuvants/ Surfactants used and rate applied:				COMMENTS:				
DATE OF APPLICATION RECORD / / (MONTH)   (DAY)   (YEAR)								
APPLICATOR'S NAME (PRINT)								
				APPLICATOR'S SIGNATURE				