

Applied By: **Company Name**
 Address
 Phone

**SPRAY
 RECORD**

00001

INVOICE NO. _____

CUSTOMER NAME			LOCATION OF TREATED SITE AND CROP Draw Location of Field in Section		
ADDRESS			County: _____ Range: _____		
CITY	STATE	ZIP CODE	Township: _____ Section Number: _____		
DATE OF APPLICATION (Month) (Day) (Year)		TIME APPLIED START _____ STOP _____		<div style="display: flex; justify-content: space-between; align-items: center;"> NORTH </div> <div style="display: flex; justify-content: center; align-items: center; width: 100px; height: 100px;"> <div style="border: 1px solid black; width: 80%; height: 80%; position: relative;"> <div style="position: absolute; top: 0; right: 0; font-size: 2em; opacity: 0.5;">SAMPLE</div> <div style="position: absolute; top: 0; left: 0;">WEST</div> <div style="position: absolute; top: 50%; right: 0;">EAST</div> <div style="position: absolute; bottom: 0; left: 0;">SOUTH</div> </div> </div>	
CROP	WIND DIRECTION	WIND SPEED (mph)			
UNITS TREATED (Acres)		TEMPERATURE			
METHOD (Check Appropriate Box) <input type="checkbox"/> PPI <input type="checkbox"/> PRE <input type="checkbox"/> EP <input type="checkbox"/> POST			PRICE/ACRE		
HAZ-MAT RESPONSE		EMERGENCY 1-800-229-5252			
APPLICATOR'S LICENSE NO.		APPLICATOR NAME (Print Legibly)		APPLICATOR'S SIGNATURE	

CODE	PESTICIDE	EPA Regist. No.	RATE/ACRE	CONT. SIZE	AMT. USED	COST/UNIT

FERTILIZER REQUIREMENTS

GUARANTEED ANALYSIS							
PRODUCT DESCRIPTION	QUANTITY	TOTAL NITROGEN (N) %	AVAILABLE PHOS. ACID (P2O5) %	SOLUBLE POTASH (K2O) %	SULFUR (S) %	AVAILABLE MAGNESIUM (Mg)	ZINC (Zn) %
Ammonium Sulfate		21	0	0	24	0	0
Urea		46	0	0	0	0	0
DI-Ammonium Phosphate (DAP)		18	46	0	0	0	0
Muriate of Potash		0	0	62	0	0	0