



# Form 1080

Seller \_\_\_\_\_ PSP # \_\_\_\_\_ Date \_\_\_\_\_  
 Grower \_\_\_\_\_ PGP # \_\_\_\_\_ County \_\_\_\_\_  
 Pest Conditions \_\_\_\_\_ PMA Area \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Harvest Date		Label and Worker Safety Reentry Interval			Label Days to Harvest		Pesticide Application Date		
Crop	Section	Township	Range	Acres	Crop	Section	Township	Range	Acres

Additional Field Descriptions: \_\_\_\_\_  
 \_\_\_\_\_

Product/Brand Name		EPA Registration Number		Active Ingredient		Rate & Unit of Measure/Acre	Dilution/100 GAL	Total Chemical
Total Acres	Total Volume Per Acre		DEQ Soil Applied		Supplemental Label Required		Air Ground Chemigation	Other:
Ground Water BMP	Yes	No	Yes	No	Yes	No		

Label Restrictions/Special Instructions \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Custom Applicator \_\_\_\_\_ Delivery Location \_\_\_\_\_  
 Grower/Pesticide Advisor's Signature \_\_\_\_\_ PGP/PCA Number \_\_\_\_\_  
 I, undersigned certify that the above instructions comply with Arizona Revised Statutes, Title 3, Article 6 and A.A.C. R3-3-302.

**A.A.C. R3-3-302 PESTICIDE APPLICATION REPORT**

I, the undersigned, certify that an application of pesticides was made by the designated applicator in strict compliance with the above recommendation and instructions on the date and under the conditions specified below.

Equipment Tag #	Time(s) of Application	Wind Direction & Velocity	Date(s) Applied

Deviation from Instructions: \_\_\_\_\_  
 \_\_\_\_\_

Company Name \_\_\_\_\_ PGP/CA # \_\_\_\_\_  
 Grower/Applicator Signature \_\_\_\_\_ PUP/PUC # \_\_\_\_\_  
 Print Operator(s)/Pilot Name \_\_\_\_\_ AAP# \_\_\_\_\_

**THIS DOCUMENT MUST BE SUBMITTED TO THE ARIZONA DEPARTMENT OF AGRICULTURE NO LATER THAN THE THURSDAY FOLLOWING THE CALENDAR WEEK IN WHICH AN APPLICATION WAS COMPLETED.**