



# Arizona Department of Agriculture

ENVIRONMENTAL SERVICES DIVISION

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For Office Use Only

## Form 1080 – G

Seller<sup>A1</sup> \_\_\_\_\_ PSP<sup>A1</sup> \_\_\_\_\_ Date<sup>A2</sup> \_\_\_\_\_  
 Golf Course<sup>A3</sup> \_\_\_\_\_ PGP<sup>A3</sup> \_\_\_\_\_ County<sup>A4</sup> \_\_\_\_\_  
 Pest Conditions<sup>A5</sup> \_\_\_\_\_ PMA Area<sup>A6</sup> Yes No

Anticipated Mow Date \_\_\_\_\_ Ag. Use REI \_\_\_\_\_ Label Days to Mow \_\_\_\_\_ Application Date \_\_\_\_\_

Turf / Plant Type Treated <sup>A11</sup> :	Section <sup>A12</sup>	Township <sup>A12</sup>	Range <sup>A12</sup>	Acres <sup>A13</sup>

Additional Area Descriptions<sup>A14</sup>: \_\_\_\_\_

Product / Brand Name <sup>A15</sup>	EPA Registration No. <sup>A15</sup>	Active Ingredient	Rate & Unit of <sup>A16</sup> Meas./Acre	Dilution/ 100 <sup>A16</sup> GAL	Total <sup>A17</sup> Chemical
Total <sup>A18</sup> Acres:	Total Volume <sup>A18</sup> Per Acre:	On ADEQ GW Protection List & Soil Applied <sup>A19</sup> Yes No	Supplemental Label Required <sup>A20</sup> Yes No	<input type="checkbox"/> Ground <input type="checkbox"/> Chemigation <sup>A2</sup> <input type="checkbox"/> Air <input type="checkbox"/> Other:	
Ground Water BMP Yes No					
Label Restrictions/Special Instructions <sup>A22</sup> : 					

Delivery Location<sup>A24</sup>: \_\_\_\_\_

### 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 recommendations and instructions on the date and under the conditions specified below in accordance with Arizona Revised Statutes, Title 3, Article 6 and Arizona Administrative Code, Section R3-302.

Golf Course Representative's Signature <sup>A25</sup>: \_\_\_\_\_ PGP No.: \_\_\_\_\_

Date(s) of Application <sup>D1</sup>	Start Time <sup>D1</sup>	End Time <sup>D1</sup>	Wind Direction <sup>D3</sup>	Wind Velocity <sup>D3</sup>

Deviation From Instructions<sup>D7</sup>: \_\_\_\_\_

Company Name: \_\_\_\_\_ PGP #: \_\_\_\_\_  
 Applicator Name<sup>D6</sup>: \_\_\_\_\_ Signature: \_\_\_\_\_ PUG #: \_\_\_\_\_  
 Operators Name: \_\_\_\_\_ Signature: \_\_\_\_\_ PUG #: \_\_\_\_\_

► PESTICIDE APPLICATION BY OUTSIDE CONTRACTED PROVIDER MUST BE AN OPM LICENSED BUSINESS ◀

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.