



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 |
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Additional Field Descriptions: _____

| Product/Brand Name | EPA Registration Number | Active Ingredient | Rate & Unit of Measure/Acre | Dilution/100 GAL | Total Chemical |
|--------------------|--|--|---|--|----------------|
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| | | | | | |
| Total Acres | Total Volume Per Acre | DEQ Soil Applied <input type="checkbox"/> Yes <input type="checkbox"/> No | Supplemental Label Required <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="radio"/> Air <input type="radio"/> Ground <input type="radio"/> Chemigation <input type="radio"/> Other: _____ | |
| Ground Water BMP | <input type="radio"/> Yes <input type="radio"/> 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.