



Arizona Department of Agriculture

Central Licensing Section
Physical Location: 1010 W Washington St., Phoenix, AZ 85007
Mailing Address: 1802 W Jackson St., #78 Phoenix, AZ 85007

P: (602) 542-0901 | F: (602) 542-0466 or Email form to: form1080@azda.gov | Website: www.agriculture.az.gov

For Office Use Only

Form 1080 – G

Seller^{A1} _____ PSP^{A1} _____ Date^{A2} _____
Golf Course^{A3} _____ PGP^{A3} _____ County^{A4} _____
Pest Conditions^{A5} _____ PMA Area^{A6} Yes No

Anticipated Mow Date _____ Ag. Use REI _____ Label Days to Mow _____ Application Date _____

Turf / Plant Type Treated ^{A11} :	Section ^{A12}	Township ^{A12}	Range ^{A12}	Acres ^{A13}

Additional Area Descriptions^{A14}: _____

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

Delivery Location^{A24}: _____

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 ^{A25}: _____ PGP No.: _____

Date(s) of Application ^{D1}	Start Time ^{D1}	End Time ^{D1}	Wind Direction ^{D3}	Wind Velocity ^{D3}

Deviation From Instructions^{D7}: _____

Company Name: _____ PGP #: _____
Applicator Name^{D6}: _____ 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.