



ADAM H. PUTNAM
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Florida Forest Service

HERBICIDE APPLICATION RECORD

Cost-Share Program or State Forest Location: _____

Contract Number: _____ (cost-share contract number, or DACS contract number for contractor-applied herbicides, if applicable)

Year of Treatment: _____ **Treatment Number:** _____

Cost-Share Contract Holder or State Forest Applicator Name (please print): _____

Application Date	Applicator Name	Herbicide Name*	Concentration/rate*	Est. Acres Treated	Notes	Applicator Initials

*Include names and rates of all herbicides and any surfactants or other adjuvants added to solution. Attach additional pages if necessary to provide complete information.

Cost-Share Contract Holder or State Forest Applicator Signature

I hereby submit to the Florida Department of Agriculture and Consumer Services that the above information is correct to the best of my knowledge.

Signed: _____

Date: _____