NEW HAMPSHIRE DEPARTMENT OF AGRICULTURE

Division of Pesticide Control

PO Box 2042, Concord, NH 03301

THIS REPORT COVERS THE FOLLOWING LICENSEES/ PERMITTEEES: _____

NAME APPLICATOR/FIRM _____ **YEAR** _____

LOCATION/TOWN(S) _____

*** 1. Report **All** pesticides used up to **October 31** of each year.
2. Make only one entry per pesticide product used.
3. Be accurate in your reporting and be legible.
4. Record all totals in pounds, gallons, or ounces. (Do not record in grams, cc's, ml's, tspns., tblspns., etc.)
5. No pesticide permits or licenses will be issued until this form has been filled out properly.
6. Usage Reports are due by December 1st of each year.

IF THIS REPORT COVERS **ALL** LICENSEES/PERMITTEES, CHECK HERE _____

TRADE NAME OF PESTICIDE	AMOUNT A.I. IN PRODUCT (% OR #/GAL)	EPA REG. NUMBER OF PRODUCT	MAJOR CROP OR SITE TREATED	NO. OF ACRES	TOTAL AMT. OF PRODUCT USED (#, GAL OR OZ)	DPC Use Only

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