

NOTICE OF PESTICIDE USE



Treatment area				
Target pest(s)				
Pesticide Active Ingredient(s)		Registration Number(s) (PCP)		
RAC Holder's Name Certificate Nu		ımber		Phone Number
Date & Time of Pesticide Application		Alternate Date & Time of Pesticide Application		
Precautions to Minimize Exposure to Pesticides:				
DO NOT ENTER TREATMENT AREA BEFORE				
Additional Precautions:				