Restricted Use Pesticide Dealer Recordkeeping Form

Dealer's Name: _____ **Date:** ____/____/____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

County: _____ **Dealer License Number:** _____ **Phone #** _____

License Number	Expiration Date	Name & Address of Licensee	Name of Pesticide	Amount Purchased	Date of Purchase	EPA Reg. #

Revised form 02-12-23