

Report of Section 18 Application

Pesticide: _____

Applicator's Name: _____

Applicator's Address: _____

Farmer's Name: _____

Farmer's Address: _____

Acres Treated: _____

Pounds of Active Ingredient per Acre: _____

Location of Treated Area: _____

Date of Application: _____

Time of Application: _____

Mail reports to the Arkansas State Plant Board, PO Box 1069, Little Rock, AR 72203
or Fax to (501) 312-7053. Reports must be submitted within **10 days** of application.