

**State Plant Board, P.O. Box 1069, Little Rock, Arkansas 72203**

**DEALER'S RECORD OF PURCHASER OF RESTRICTED USE PESTICIDES**

Instructions: Complete for sales or distributions of all EPA Restricted Use Pesticides and for Pesticides classified as "E" or "F" under the Arkansas Regulations on Pesticide Classification when purchased in containers of more than one(1) quart. Records must be retained for two years and be made available for inspection by representatives of the Plant Board upon request. Dealers are required to obtain and keep on file a copy of the purchasers current licence.

Dealer's Name \_\_\_\_\_ Address \_\_\_\_\_

License No. \_\_\_\_\_ Type License(check one) Commercial \_\_\_ Non-Commercial \_\_\_ Private \_\_\_ Dealer \_\_\_

Date \_\_\_\_\_ Purchaser's Name \_\_\_\_\_ Address \_\_\_\_\_

Name and Address of Delivery Location \_\_\_\_\_

Amount Purchased	Name of Product	EPA Reg. No.	Name of Mfr.
------------------	-----------------	--------------	--------------

License No. \_\_\_\_\_ Type License(check one) Commercial \_\_\_ Non-Commercial \_\_\_ Private \_\_\_ Dealer \_\_\_

Date \_\_\_\_\_ Purchaser's Name \_\_\_\_\_ Address \_\_\_\_\_

Name and Address of Delivery Location \_\_\_\_\_

Amount Purchased	Name of Product	EPA Reg. No.	Name of Mfr.
------------------	-----------------	--------------	--------------

License No. \_\_\_\_\_ Type License(check one) Commercial \_\_\_ Non-Commercial \_\_\_ Private \_\_\_ Dealer \_\_\_

Date \_\_\_\_\_ Purchaser's Name \_\_\_\_\_ Address \_\_\_\_\_

Name and Address of Delivery Location \_\_\_\_\_

Amount Purchased	Name of Product	EPA Reg. No.	Name of Mfr.
------------------	-----------------	--------------	--------------

License No. \_\_\_\_\_ Type License(check one) Commercial \_\_\_ Non-Commercial \_\_\_ Private \_\_\_ Dealer \_\_\_

Date \_\_\_\_\_ Purchaser's Name \_\_\_\_\_ Address \_\_\_\_\_

Name and Address of Delivery Location \_\_\_\_\_

Amount Purchased	Name of Product	EPA Reg. No.	Name of Mfr.
------------------	-----------------	--------------	--------------

License No. \_\_\_\_\_ Type License(check one) Commercial \_\_\_ Non-Commercial \_\_\_ Private \_\_\_ Dealer \_\_\_

Date \_\_\_\_\_ Purchaser's Name \_\_\_\_\_ Address \_\_\_\_\_

Name and Address of Delivery Location \_\_\_\_\_

Amount Purchased	Name of Product	EPA Reg. No.	Name of Mfr.
------------------	-----------------	--------------	--------------

