

Agriculture and Forestry Areas

Use this form only if multiple chemicals are used in a single application (such as tank mixes).

State of Oregon Pesticide Use Reporting

Part A: Reporter and Contact Information

If you have previously reported pesticide use and have a Reporter ID Number, fill in Part A-1. If address has changed, you must also fill in Part A-2. New reporters should fill in all information in Part A-1 and A-2 below **except** the Reporter ID Number, which will be sent to you.

Part A-1: Reporter Information

Reporter ID number	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>																			
Business name -or-	<div></div>																			
Individual name	<div>Last<div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>										<div>First<div></div><div></div><div></div><div></div><div></div><div></div></div>					<div>MI<div></div></div>				
Business phone	<div><div></div><div></div><div></div></div>			<div>-</div>			<div><div></div><div></div><div></div><div></div><div></div><div></div></div>			<div>-</div>			<div><div></div><div></div><div></div><div></div><div></div><div></div></div>							

Part A-2: Address and Contact Information

Check here if you are a **new reporter** ☐ Check here if this is a **change of address** ☐ ODA firm number

Address 1	<div></div>																									
Address 2	<div></div>																									
City	<div></div>										<div>State<div></div></div>		<div></div>		<div>ZIP<div></div></div>		<div></div>		<div>-</div>		<div></div>					
Fax	<div><div></div><div></div><div></div></div>			<div>-</div>			<div><div></div><div></div><div></div><div></div><div></div><div></div></div>			<div>Email<div></div></div>			<div></div>													
Contact name	<div>Last<div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>										<div>First<div></div><div></div><div></div><div></div><div></div><div></div></div>					<div>MI<div></div></div>										
Contact phone number	<div><div></div><div></div><div></div></div>			<div>-</div>			<div><div></div><div></div><div></div><div></div><div></div><div></div></div>			<div>-</div>			<div><div></div><div></div><div></div><div></div><div></div><div></div></div>			<div>Contact email<div></div></div>										

Part B: Application Information

All reporters must complete Part B.

Date treated (mm/dd/yy)	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>			Area treated (and circle units)	<div><div></div><div></div><div></div><div></div><div></div><div></div></div> ACRES SQFT		Public site? (circle)	<div>Y / N</div>								
Township (and circle N or S)	<div><div></div><div></div><div></div><div></div><div></div><div></div></div> N S			Range (and circle E or W)	<div><div></div><div></div><div></div><div></div><div></div><div></div></div> E W		Section	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>		County code	<div><div></div><div></div></div>					
GPS Coordinates	<div>Decimal degrees<div></div></div>		<div>Degrees with decimal minutes<div></div></div>		<div>Degrees, minutes, seconds<div></div></div>											
Latitude		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>						Longitude		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>						
Site code	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>								Equipment code	<div><div></div><div></div></div>		Pest code	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>			
If you chose "other", describe the site, equipment, or pest										<div></div>						

Product name	<div></div>																				
Product ID	<div></div>										Undiluted amount (and circle units)	<div>OZ LB PT QT GA</div>									

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Please copy this form for reporting additional applications.