Company _____ **SALES RECORD - RESTRICTED USE PESTICIDES** County _____

(Type or Print Clearly) **Fillable Interactive Web Form** **Select your county from the drop down arrow above**

Location _____ Name of License Holder _____ Dealer License # _____

(# and Street Name) (Type or Print Clearly)

********** *Reporting Period* **********

_____ License Holder Signature _____ July 1st _____ to June 30th _____

(City, State, Zip) *Please Enter Your Name Above* (Beginning Year) (Ending Year)

Print Form Select years from the drop down arrows above

Name of Certified Person	Certification/ License #	Certification Categories	Name of Person Delivered To	Pesticide Brand Name	EPA Registration Number	Quantity	Invoice Number	Date