

Report of Section 18 Application of _____

Applicator's Name _____

Applicator Address _____

Farmers' Name _____

Farmer's Address _____

Acres Treated _____

Pounds of Active Ingredient Applied Per Acre _____

Location of Field _____

Time of Application _____

Date of Application _____

Mail reports to the Arkansas State Plant Board, PO Box 1069, Little Rock, AR 72203 or Fax to (501)312-7053.