TPCL #	
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## TEXAS DEPARTMENT OF AGRICULTURE STRUCTURAL PEST CONTROL SERVICE PEST CONTROL USE RECORDS

BUSINESS NAME:		ADDRESS:						
1. Name and Address of	2. Date	3. Pesticide's	4. Total	5. Device(s)	6. Mixing Rate	7. Target		9. Printed Name & License #
Customer	Pesticide(s) or					Pest	Where Pesticide(s) or	of Applicator
	Device(s) Used	Reg. #(s)	Each	# Per Device			Device(s) Were Used (If	
			Pesticide				Different Than Item #1)	
			Applied					
For detailed instructions		<u> </u>	000440 #****	<u> </u>				Dono of
For detailed instructions see	e reverse side of	iorm R	ecords mus	si be kept for a	minimum of two	o years		Page of