



Accumark Airspray

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APPLICATION REQUEST FORM

Farm Company Name:
Contact Name:
Contact Phone Number:
Billing Address:

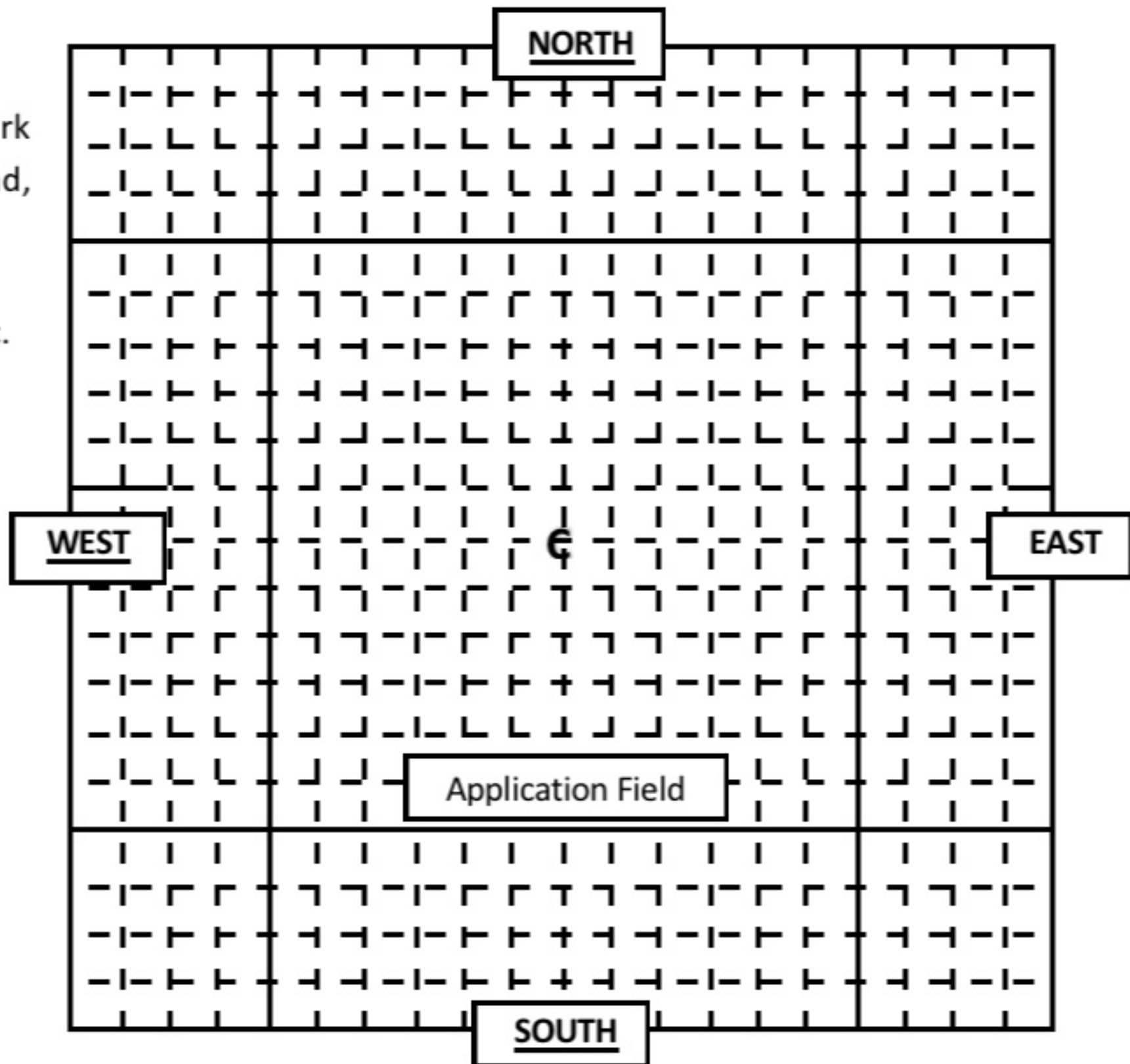
Date Ordered:
Target Date:

Legal Land Location

Q	S	T	R

Crop		
Acres Ordered/Applied		
Crop Stage		
Product(s) Applied		
Product Registration #		
Purpose of Application		
Method of Application	Atomizer	CP0903E
Chem. Quantity Provided		
Chem. Rate of App.		

Draw all power lines, surrounding crops mark if there are **ORGANIC**, acreages on or around, bee yards on or near, livestock on or near, main roads or dirt roads, creeks, forests or trees, wind breaks, under seeded fields, etc.



Applicator's Info:

Distance to Field -

Application Time -

Wind Direction -

Wind Speed -

VBS - Yes No

Temp -

Precipitation -

Gallons Per Acre -

Comments or Remedial Measures-

- It is the **responsibility of the customer** to ensure that bee farmers and neighbouring acreage owners are notified **before** the application to avoid damages to their property or complaints to the operator. Accumark Air Spray is not responsible to do this. Please take time to drive out to ensure what is around your field before Aerial Application is required.
- **Application Records must be signed prior to application.**

Customer Signature:

Applicators Signature: