STATE OF CALIFORNIA
DEPARTMENT OF PESTICIDE REGULATION

MONTHLY SUMMARY PESTICIDE USE REPORT

DPR-PML-060 (Rev. 09/26)

Instructions for completing this form are indicated below and on the reverse side

Operator (firm name)	Address	City	Zip Code	Phone Number

Operator ID/Permit Number	License Number	County Where Applied	County Number	Month/Year of Use	Total Number of Applications

1. Complete columns A, B, C, and D for *ALL USERS*

2. Complete Column E by using one of the following codes:

Code 10 - Structural Pest Control……includes any pest control work performed within or on buildings and other structures.

Code 30 - Landscape Maintenance Pest Control…….includes any pest control work performed on landscape plantings around residences or other buildings, golf courses, parks, cemeteries, etc.

Code 40 - Right-of-Way Pest Control……includes any pest control work performed along roadsides, power lines, median strips, ditch banks, and similar sites.

Code 50 - Public Health Pest Control……includes any pest control work performed by or under contract with State or local public health or vector control agencies.

Code 80 - Vertebrate Pest Control……includes any vertebrate pest control work performed by public agencies or work under the supervision of the State or county agricultural commissioner.

Code 90 - Commodity Fumigation……includes fumigation of food commodities.

Code 91 - Fumigation, Other (Nonfood/Nonfeed)…….includes fumigation of nonfood/nonfeed commodities such as pallets, dunnage, furniture, burlap bags, etc.

Code 100 - Regulatory Pest Control……includes any pest control work performed by public employees or contractors in the control of regulated pests.

3. Complete columns F and G, if use *DOES NOT* fit one of the above codes

A	B	C	D	E	F	G
Manufacturer and Name of Product Applied	EPA/California Registration Number From Label (include alpha code)	Total Product Used (select one unit of measure)	Number of Applications	Code	Commodity or Site Treated	Acres/ Units Treated
		☐ LB ☐ OZ ☐ PT ☐ QT ☐ GA				
		☐ LB ☐ OZ ☐ PT ☐ QT ☐ GA				
		☐ LB ☐ OZ ☐ PT ☐ QT ☐ GA				
		☐ LB ☐ OZ ☐ PT ☐ QT ☐ GA				
		☐ LB ☐ OZ ☐ PT ☐ QT ☐ GA				

REPORT PREPARED BY: _____ **DATE:** _____ Distribution: CAC – Two copies; Report preparer – One copy