PEST CONTROL SERVICE RECORD

Street address	City	State / ZIP	Date of service	Pages
				1

Record
License No.
County

Property owner or authorized representative	Mailing address

Type of treatment	Time	Pests to be controlled

Pesticide (EPA approved brand name)	EPA Reg. No.	Where applied	Area treated	Total amount applied	Restricted use
					☐
					☐
					☐
					☐
					☐

Applied by (licensee, certified applicator, or registered technician)	ID card No.	Applicator signature
Supervising certified applicator, if any	**ID card No.**	**Date**

Notes

02 NCAC 34 .0703(c): “Records shall be retained for two years beyond the last date of treatment.”