OKLAHOMA TERMITE TREATMENT APPLICATION RECORD

Company and applicators (OAC 35:30-17-21(a)(3) and (4))

Company _____ ODAFF license no. _____

Address _____ Phone _____

Certified applicator _____ Certification no. _____ Expires _____

Non-certified applicator under direct supervision _____ Registration no. _____

Customer and site (OAC 35:30-17-21(a)(5), (6), and (16))

Person for whom applied _____ Phone _____

Customer address _____

Treatment site: street address or legal description _____

City _____ County _____ ZIP _____

"The legal description may be a street address if properly marked, but shall not be a Post Office Box address." OAC 35:30-17-21(a)(6)

Site where the pesticide was applied _____

Structure: ☐ Slab ☐ Crawl space ☐ Basement ☐ Other _____

Treatment: ☐ Pretreat ☐ Existing structure, complete ☐ SPOT/PARTIAL ☐ Retreatment ☐ Bait system

Application (OAC 35:30-17-21(a)(1), (7), (15), (17), and (18))

Date of application _____ Start time _____ Stop time _____

Target pest _____

Size of area treated: square feet _____ linear feet _____

Restricted entry interval as stated on the label _____

Pesticide (OAC 35:30-17-21(a)(2) and (8) to (14))

Complete trade name _____ EPA Reg. No. _____

Application rate _____

Dilution rate for mixing _____

Total quantity tank mix used _____ Total amount of pesticide used _____

Adjuvants the label requires _____ Drift agents the label requires _____

Method

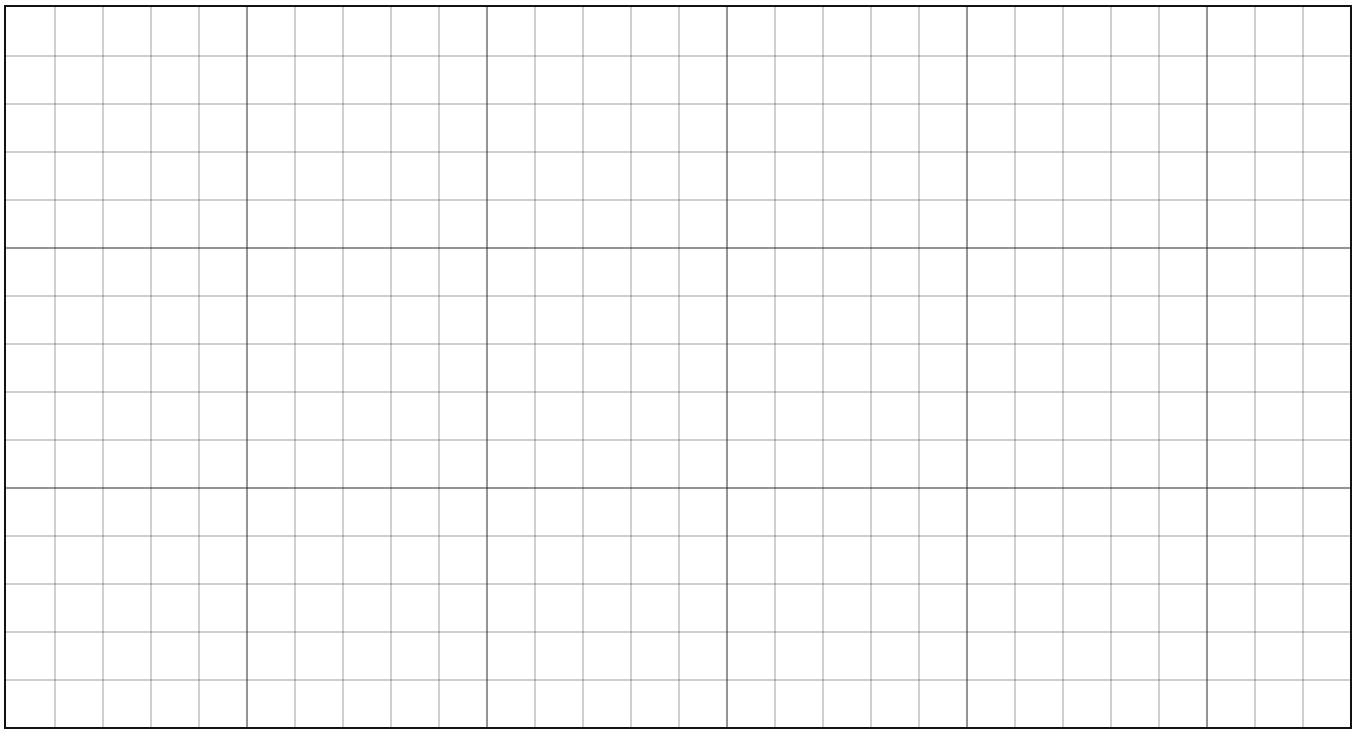
☐ Trench ☐ Trench and rod ☐ Rod ☐ Drill and treat slab ☐ Sub-slab injection ☐ Void treatment

☐ Foam ☐ Wood treatment (borate) ☐ Bait stations ☐ Other _____

Notes _____

Diagram (2 O.S. § 3-81(11))

Show the structure, any visible termites and termite damaged materials, and how the application was performed.



Bait systems (OAC 35:30-17-75.2 and 35:30-17-75.5)

Linear feet of perimeter _____ In-ground stations _____ Above-ground stations _____

☐ Contracts, graphs, monitoring, and bait application records are kept with this record.

Kept with this record (OAC 35:30-17-21(a)(19) to (22))

☐ A copy of the pesticide product label or labeling

☐ A copy of the contract issued, dated _____

☐ A copy of the wood infestation report issued (Form ODAFF-1), dated _____

Other information as required by the Board _____

Certified applicator

_____ _____

Signature of the certified applicator who made or supervised the application | Date

"The records of the applicator shall be kept intact at the principal business location in this state for at least two (2) years after their date of expiration ..." 2 O.S. § 3-83(A)