

OTTAWA COOPERATIVE ASSOCIATION

Restricted Use Pesticide (RUP) Sales Recordkeeping Form

Name_____ Address_____

Certification number_____ Expiration date _____

Name and address of uncertified applicator_____

State of certification_____ Commercial Cat._____

Pesticide Name_____ EPA Reg. #_____

Quantity sold_____ Date of sale_____

Name_____ Address_____

Certification number_____ Expiration date _____

Name and address of uncertified applicator_____

State of certification_____ Commercial Cat._____

Pesticide Name_____ EPA Reg. #_____

Quantity sold_____ Date of sale_____

Name_____ Address_____

Certification number_____ Expiration date _____

Name and address of uncertified applicator_____

State of certification_____ Commercial Cat._____

Pesticide Name_____ EPA Reg. #_____

Quantity sold_____ Date of sale_____