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Fax 602-542-0466 Phone 602-542-0901 Web-site www.azda.gov Form 1080 Record Reference 13149-12-APL-kg Seller PSP# Date Grower PGP# County Pest Conditions Harvest Label and Worker Safety Reentry Interval Label Davs **Pesticide Application** 1/1/2018 Date to Harvest Crop Section **Township Acres** Range 24E 22.64 Almond 29S 24E Almond 29S 21.83 Almond 29S 24E 11.17 Almond 29S 24E 18.75 9.45 Almond 29S 24F **EPA Registration** Rate & Unit of Dilution/100 **Total Chemical Product/Brand Name Active Ingredient** Number Measure/Acre **GAL** Broadworks 100-1131 Mesotrione 6.00 fl oz/Acre 3.93 gal Alion (CA) Herbicide 264-1106 Indaziflam 5.00 fl oz/Acre 3.27 gal Total 83.83 Total Volume **DEQ Soil Applied** Supplemental Label Required Ground Chemigation Acres Per Acre 0.0 Yes Other: **Ground Water BMP** [] Yes [] No Label Restrictions/Special Instructions ~ See Attached Sheet ~ **Custom Applicator Delivery Location** Grower/Pesticide Advisor's PGP/PCA Signature Number I, undersigned certify that the above instructions comply with Arizona Revised Statutes, Title 3, Article 6 and A.A.C. R3-3-302 A.R.S. 3-363 PESTICIDE APPLICATION REPORT I, the undersigned, certify that an application of pesticides was made by the designated applicator in strict compliance with the above recommendation and instructions on the date and under the conditions specified below. Time(s) of Application Wind Direction & Velocity Equipment Tag # Date(s) Applied **Deviation From Instructions**

> PGP/CA # PUP/PUC #

AAP#

Company Name

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Print Operator(s)/Pilot Name