



ARKANSAS 2019 APPLICATION RECORD KEEPING FORM

RECORD KEEPING IS REQUIRED FOR APPLICATIONS OF THIS PRODUCT.

- The certified applicator must keep the following records for a period of three years and be available for inspection by a Plant Board representative
- Records must be generated as soon as practical but no later than 72 hours after application
- A separate record must be kept for each application
- Additional record keeping forms can be found at: XtendiMaxApplicationRequirements.com

Crop Owner Name: _____ Crop Owner Address: _____

Certified Applicator Name: _____ State Certification # of Applicator: _____

**REQUIRED
DICAMBA
APPLICATOR
TRAINING**

Date Completed (MM/DD/YY): ____ / ____ / ____ Provider (be sure to retain proof of completion): _____

**ENDANGERED
SPECIES
CONCERNS**

Additional protection measures are required in specific counties where endangered species may exist. Visit EPA.gov/Endangered-Species or call 1-844-447-3813 for more information.

Date and Name of the Sensitive Crop Registry Consulted: ____ / ____ / ____ _____

AND

Date Adjacent Fields Were Surveyed for Sensitive Crops: ____ / ____ / ____ (findings) _____



DOCUMENT THE CROPS/AREAS SURROUNDING THE FIELD PRIOR TO APPLICATION
Indicate the primary entrance to the field.

**SENSITIVE
CROP
AWARENESS**

Retain receipt of each purchase for each application. Retain copy of all product labels, including state labels where applicable.
(Current label can be found at: XtendiMaxApplicationRequirements.com)

PRE-APPLICATION INFORMATION

Approved Dicamba Product Name & EPA Reg. #: _____

To Be Applied To: Corn Cotton Soybeans Other

County of Application (required): _____ Nearest Town to Application (required): _____

Physical Address of Application (if applicable): _____ GPS or Map Coordinates of Application (required): _____

Buffer Distance Calculation: _____ Size of Treated Area: _____

Check to Confirm Spray System Equipment Is Cleaned Prior to Using: (notes) _____

NOZZLE INFORMATION

Manufacturer/Brand: _____ Type: _____

Orifice Size: _____ Operating Pressure: _____

TIMING

Date of Application: ____/____/____ Date Crop Planted: ____/____/____ Days After Planting: _____

Burndown/Early Planting Preplant At-Planting Pre-emergence Postemergence

SPRAYING INFORMATION

	APPLICATION START:	APPLICATION END:
Time:	_____	_____
Air Temperature (°F):	_____	_____
Wind Speed (at boom height):	_____	_____
Wind Direction (direction from which wind is blowing):	_____	_____
Instrument Used (to measure wind speed and direction):	_____	_____
Location of Instrument (at time of readings):	_____	_____
Approved Dicamba Rate Per Acre:	_____	N/A
Total Amount Applied (gallons):	N/A	_____
Tank-Mix Products (brand names and EPA reg #s, if applicable):	_____	_____

Type of Equipment Used: _____ Application Equipment Number (if applied by a commercial applicator): _____

Spray System Equipment Cleanout (utilizing product specific triple rinse procedure): (notes) _____