



Connecticut Department of  
Energy & Environmental Protection  
Bureau of Materials Management & Compliance Assurance  
Engineering & Enforcement Division

## Commercial Applicator Pesticide Use Summary Report

Print *in ink* or type unless otherwise noted. Retain a copy for your records for at least 5 years.

You are no longer required to include a list of applicators in this report.

***This form must be submitted on or before January 31<sup>st</sup> for pesticide applications made during the preceding calendar year.***

### Part I: Pesticide Certified Supervisor Information

1. Name of Certified Supervisor:		
Mailing Address:		
City/Town:	State:	Zip Code:
Business Phone:	ext.	Fax:
*E-mail:		
Supervisory Certification No.	Arborist Certification No.	
2. Name and Address of Business:		
Mailing Address:		
City/Town:	State:	Zip Code:
Business Phone:	ext.	Fax:
Contact Person:	Title:	
*E-mail:		

### Part II: Reporting Period

1.	This report covers the period from January 1, _____ to December 31, _____
2.	<input type="checkbox"/> Check this box if pesticide usage by the above named supervisor has been reported by another Certified Supervisor and provide that individual's name and certification number. Name: _____ Supervisory Certification No. _____
3.	<input type="checkbox"/> Check this box if <b><i>no pesticides were applied</i></b> during the above reporting period. If so, you must still complete and submit the remaining parts of this form, with the exception of Part IV.

### Part III: Commercial Pesticide Usage

Pesticide Product Name	EPA Product Registration No.	Total Amount of Pesticide Used Before Diluting (check gals or lbs)	
			<input type="checkbox"/> gal or <input type="checkbox"/> lbs
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Check here if additional sheets are necessary. You may reproduce this sheet and attach the additional sheets to this sheet

## Part IV: Certification of Accuracy

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6 of the General Statutes, pursuant to Section 53a-157b of the General Statutes, and in accordance with any other applicable statute."

\_\_\_\_\_  
Signature of Certified Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Certified Supervisor

\_\_\_\_\_  
Title

Please upload your use summary report to your [elicense.ct.gov](http://elicense.ct.gov) account. An instructional video on how to do this can be found at the link below.

[Instructional video](#)

If you have any questions or are not able to login to your account, please email us at [DEEP.PesticideProgram@ct.gov](mailto:DEEP.PesticideProgram@ct.gov).