



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

Private Applicator Restricted Use Pesticide Summary Report

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

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

Part I: Applicator Information

1. Name of Applicator:		
Mailing Address:		
City/Town:	State:	Zip Code:
Business Phone:	ext.:	Fax:
Contact Person:	Phone:	ext.:
*E-mail:		
Certification No. PA-		
2. Name of Business (if applicable):		
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 <i>no Restricted Use Pesticides were applied</i> during the above reporting period. If so, you must still complete and submit the remaining parts of this form, with the exception of Part III.

Part III: Restricted Use Pesticide Record

Name of Applicator:							
Certification No.:		Year of Restricted Use Pesticide Applications:					
Date of Application (mo/day/yr)	Common Name of Pesticide	EPA Product Registration No.	Amount of Pesticide Used Before Diluting (Check gal or lbs)	Type of Crop	Site of Application (Field ID)	Total Amount Acreage or Sq. footage Treated	Place of Application (Street Address and Town)
			<input type="checkbox"/> gal <input type="checkbox"/> lbs				
			<input type="checkbox"/> gal <input type="checkbox"/> lbs				
			<input type="checkbox"/> gal <input type="checkbox"/> lbs				
			<input type="checkbox"/> gal <input type="checkbox"/> lbs				
			<input type="checkbox"/> gal <input type="checkbox"/> lbs				
			<input type="checkbox"/> gal <input type="checkbox"/> lbs				
			<input type="checkbox"/> gal <input type="checkbox"/> lbs				
			<input type="checkbox"/> gal <input type="checkbox"/> lbs				

Check here if additional sheets are necessary. You may reproduce this table and attach the additional sheets to this form.

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 Applicator

Date

Printed Name of Applicator

Title

Please upload your use summary report to your 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.