Do not send this in, this form must remain *on-site* for at least 2 years. Upon request, it must be furnished to the Vermont Agency of Agriculture, Food & Markets

RESTRICTED USE PESTICIDE SALES Tracking YEAR_____ p. ___ of ___

Outlet name & physical address _____

Dealer name & certification number _____

VERMONT
AGENCY OF AGRICULTURE, FOOD & MARKETS

These pesticide products, designated as Restricted-Use by the Vermont Pesticide Control Act, were sold:

SALE INFORMATION					PURCHASER INFORMATION			
Date of Sale	EPA Registration number	Pesticide Trade Name	Amount Sold In		Applicator Name	Certificate Number	Certificate Expiration Date	County Code[1]
			Lbs	Gals				

[1] The county of the applicator's mailing address

County Codes	01. Addison	02. Bennington	03. Caledonia	04. Chittenden	05. Essex	06. Franklin	07. Grand Isle
	08. Lamoille	09. Orange	10. Orleans	11. Rutland	12. Washington	13. Windham	14. Windsor

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SALE INFORMATION					PURCHASER INFORMATION			
Date of Sale	**EPA Registration number**	**Pesticide Trade Name**	**Amount Sold In**		**Applicator Name**	**Certificate Number**	**Certificate Expiration Date**	**County Code**
			Lbs	**Gals**				

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