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**OMB Approved**  
0579-0335  
EXP XX/XXXX

**UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
WILDLIFE SERVICES  
  
CONTROL MATERIAL SALES RECORD**

"X" ONE

- MATERIALS SOLD AND TREATMENT SUPERVISED  
  
 MATERIALS SOLD BUT NOT SUPERVISED

NAME OF WS REPRESENTATIVE		DATE	COUNTY
LAND STATUS <input type="checkbox"/> Private <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other		SPECIES INVOLVED	
DAMAGE TO		ACRES TREATED	DOLLAR LOSS

**MATERIAL SOLD**

KIND	EPA REGULATION NUMBER	QUANTITY	COST
			\$
			\$
			\$

I have been instructed in the specific use of the requested material and agree to use it in accordance with procedures recommended by Wildlife Services, USDA

APPLICATOR'S NAME ( <i>Print</i> )	BUYER'S SIGNATURE
ADDRESS ( <i>Street, P.O. Box No. City, State, and Zip Code</i> )	CERTIFIED PESTICIDE APPLICATOR NUMBER <i>(All restricted use pesticide sales)</i>
PHONE NUMBER ( <i>Include Area Code</i> )	MAKE CHECK PAYABLE TO: