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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

Private

State

Federal

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 (*Print*)

BUYER'S SIGNATURE

ADDRESS (*Street, P.O. Box No. City, State, and Zip Code*)

CERTIFIED PESTICIDE APPLICATOR NUMBER
(*All restricted use pesticide sales*)

PHONE NUMBER (*Include Area Code*)

MAKE CHECK PAYABLE TO: