|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0335. The time required to complete this information collection is estimated to average .063 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. | | | | | | **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: | | | | |

WS FORM 18

JAN 2011