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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: