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Office Use Only

Salt River
Pima-Maricopa Indian Community
Environmental Protection & Natural Resources
10005 East Osborn Road, Scottsdale AZ 85256
Phone (480) 362-7500 E-mail: pesticides@srpmic-nsn.gov Fax (480) 362-7584

SRPMIC Agricultural Notification - Arizona Form 1080

Seller _____ PSP # _____ Date _____

Grower _____ PGP # _____ County _____

Pest Conditions PMA Area ☐ Yes ☐ No

Harvest Date	Label and Worker Safety Reentry Interval				Label Days to Harvest		Pesticide Application Date		
Crop	Section	Township	Range	Acres	Crop	Section	Township	Range	Acres

Additional Field Descriptions _____

Product/Brand Name	EPA Registration Number	Active Ingredient	Rate & Unit of Measure/Acre	Dilution/ 100 GAL	Total Chemical

Total Acres	Total Volume Per Acre	AZDEQ Soil Applied ☐ Yes ☐ No	Supplemental Label Required ☐ Yes ☐ No	☐ Air ☐ Ground ☐ Chemigation Other: _____
Ground Water BMP ☐ Yes ☐ No				

Label Restrictions/Special Instructions _____

Custom Applicator _____ Delivery Location _____

Grower/Pesticide Advisor's Signature _____ PGP/PCA Number _____

I, the undersigned, certify that the above instructions comply with SRO 60-79, Section 13-55 and SRO 60-79, Section 13.109.4 (A)(2).

SRO 60-79, Section 13.109.4 (A)(1) -- PESTICIDE POST-APPLICATION REPORT

I, the undersigned, certify that an application of pesticides was made by the designated applicator in strict compliance with the above recommendation and instructions on the date and under the conditions specified below.

Equipment Tag #	Time(s) of Application	Wind Direction & Velocity	Date(s) Applied

Deviation From Instructions _____

Company Name _____ PGP/CA # _____

Grower/Applicator Signature _____ PUP/PUC # _____

Print Operator(s)/Pilot Name _____ AAP # _____

THIS DOCUMENT MUST BE SUBMITTED TO THE SRPMIC-EPNR PESTICIDE OFFICE WITHIN 48-HOURS PRIOR TO THE APPLICATION.

Copy Distribution: Two Copies to Applicator -- One Copy to Advisor -- One Copy to Seller -- One Copy to Grower --One Copy to SRPMIC-EPNR