

**Pesticide Application Record**  
**Wood Destroying Insects/Termites**

Check (X)

- ☐ Commercial    ☐ Residential  
☐ Pretreatment    ☐ Complete post-construction treatment    ☐ Exterior w/localized interior    ☐ Partial treatment  
☐ Baiting system    ☐ Placement    ☐ Monitoring

**CUSTOMER**

**LOCATION OF PROPERTY TREATED**

Person or firm: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City/state/zip: \_\_\_\_\_ City/state/zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Start Time: \_\_\_\_\_ (Circle One) (Circle One)  
a.m. p.m. Finish Time: \_\_\_\_\_ a.m. p.m.

Target Pests: ☐ Subterranean Termites    ☐ Carpenter Ants

Brand name of product used: \_\_\_\_\_ EPA Registration No.: \_\_\_\_\_  
Final Mix Concentration/Dilution: \_\_\_\_\_

**Specific Site(s) Treated:** ☐ beneath footings before pour    ☐ interior perimeter    ☐ exterior perimeter    ☐ crawl space  
☐ concrete slab floor    ☐ slab patio    ☐ partition wall    ☐ hollow block foundation    ☐ brick void    ☐ other  
(indicate on site plan below)

**Key**

**Site Plan/Diagram**

- Areas trenched
  - Areas rodged
  - Areas drilled slab
  - Areas drilled hollow block
  - Areas treated backfill
  - Areas treated with foam
  - Placement of bait station
- # of stations installed \_\_\_\_\_

Comments: \_\_\_\_\_

Method of Disposal: ☐ None    ☐ Carried to next site

Name of Applicator: \_\_\_\_\_ License No.: \_\_\_\_\_

Address: \_\_\_\_\_ City/state/zip: \_\_\_\_\_

The applicator has used product above in accordance with the product label and State requirements. All materials and methods used comply with State and Federal regulations.

Applicator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Calculating amount of product needed for the job.

A. **Exterior Perimeter** (4 gallons per 10 linear feet per foot of depth)

Since depth of application may vary from side to side, figure volume per section.

Linear footage of	_____	(÷ 10) =	_____	x 4 =	_____	x treatment depth of	_____	=	_____	gallons
Linear footage of	_____	(÷ 10) =	_____	x 4 =	_____	x treatment depth of	_____	=	_____	gallons
Linear footage of	_____	(÷ 10) =	_____	x 4 =	_____	x treatment depth of	_____	=	_____	gallons

B. **Interior perimeter** (4 gallons per 10 linear feet per foot of depth)

Linear footage of \_\_\_\_\_ (÷ 10) = \_\_\_\_\_ x 4 = \_\_\_\_\_ x treatment depth of \_\_\_\_\_ = \_\_\_\_\_ gallons

C. **Voids** (2 gallons per 10 linear feet)

Linear footage of \_\_\_\_\_ (÷ 10) = \_\_\_\_\_ x 2 \_\_\_\_\_ gallons

D. **Pre-construction under slab** (1 gallon per 10 sq. feet)

Linear footage of \_\_\_\_\_ (÷ 10) = \_\_\_\_\_ gallons

**Grand Total** Amount applied (A + B + C + D) \_\_\_\_\_ gallons

Notes: (bushes, flower beds, slabs, inaccessible spots, other problem areas)

**Areas not treated** with written consent of property owner:

NDA recommends a map showing the areas treated, and depth to treatment.