



Application Date:		Start time:	
		Finish Time:	

Personal Details:	Name:	Address:	Phone number:
Person applying:			
Landowner:			
Person Responsible:			
<input checked="" type="checkbox"/> Qualifications: (if required)	<input type="checkbox"/> 3 Units of Competency	<input type="checkbox"/> Commercial Operators Licence	<input type="checkbox"/> Being Supervised
			<input type="checkbox"/> Other.....

Farm name/ number:	Block or Paddock name:	Area applied to:	Whole or Part?

Spray Situation:	<input checked="" type="checkbox"/> Tick
Crop and stage	
Woody weeds	
Restricted invasive plants	
Regrowth	
Fence lines	
Spot spraying	
Around yards	
Grasses	
Broadleaf	
Other	

Application method	Details
Boom sprayed 100%	
Banded Spray <60%	
Directed spray	
Spay rig type	
Nozzle Brand	
Nozzle Type	
Nozzle Angle	
Nozzle Size	
Operating Pressure	
Droplet size	
Boom height	To target:

Chemical Usage:			
	Product Trade Name	Rate	Quantity used
1			
2			
3			
4			
5			

Weather Details:

	Time	Temperature	Humidity/ Delta T	Wind Speed	Wind Direction	Cloud Cover	Rain
	Start						
	During						
	Finish						