

Pesticide Request - UF/IFAS Plant Science Unit and Education Unit

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Date:	
Faculty Name/PI:	
Phone:	
Email:	
Crop:	
Approximate Size of Treated Area:	
Field Location/Block Number:	
Requested Date of Application:	
Requested Time of Application:	AM <input type="checkbox"/> PM <input type="checkbox"/>
Pesticide Brand Name:	
Active Ingredients:	
Mode of Application:	Down Row <input type="checkbox"/> From Alley <input type="checkbox"/>
Pesticide Rate Per Acre	
GPA Requested:	
Target Pests:	
Additional Comments:	