



NOTICE OF PESTICIDE USE



Treatment Areas: *Put in the exact areas you will be treating here*

Pest(s) To Be Controlled: *Put in the Pest(s) you will be treating for here*

Pesticide Active Ingredient(s): *Put in the Product Name, Active Ingredient and PCP# in the chemical here*

Start Time & Date of Application: *Put in the start TIME and Date here*

Pesticide User Licensee Name: **TOODALOO PEST CONTROL**

Pesticide User Licence Number: *Put in your Licence Number here*

Company Telephone Number: *Put in your cell number here*

Precautions o Minimize Exposure: **DO NOT LINGER** in Treated Areas Keep All Windows Closed During Treatment Until: *Enter in 8 hours after the Start Time/Date of Application here*

Restricted Entry Interval Ends: *Enter in 24 hours After the Start Time/Date here*

To Obtain Permission To Enter Before This Time: *Put in your cell number here*

DO NOT Remove This Sign Before: *Enter Time and Date of 48 Hours After the Start Date/Time here*