



ARKANSAS DEPARTMENT OF AGRICULTURE

2,4-D Hardship Permit-Record Keeping Form

(Must complete a separate form for each field)

Important: Only the original, unaltered application form will be accepted.
Modified forms are invalid and will not be processed.

Permittee Name (Please Print): _____ Permit #: _____

County: _____ Field Name or No.: _____ No. Acres: _____

Field Location: _____

Application Date: _____ Applicator/Firm Name: _____

Application:	Start	Circle	End	Circle * For Each Load
	Time: _____	AM PM	Time: _____	AM PM
	Time: _____	AM PM	Time: _____	AM PM
	Time: _____	AM PM	Time: _____	AM PM
	Time: _____	AM PM	Time: _____	AM PM
	Time: _____	AM PM	Time: _____	AM PM
	Time: _____	AM PM	Time: _____	AM PM

Wind speed, wind direction, temperature and precipitation conditions should be recorded below at 10-minute intervals for duration of each load applied. Measurements must be made at the field of application. Place an "X" to the left of the first reading for each load (as shown).

X	WS	WD	Temp	Precip. (yes/no)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

This completed form and a GPS map of the application to the field must be submitted to the Pesticide Section of the Plant Industries Division within 10 days of the application.

****SUBMIT RECORDS TO pesticide.hardshippermits@agriculture.arkansas.gov****

Permittee Signature: _____