



ARKANSAS DEPARTMENT OF AGRICULTURE

Report of Applications under Section 18 Emergency Exemption

Pesticide: _____

Applicator's Name: _____

Applicator's Address: _____

Farmer's Name: _____

Farmer's Address: _____

Acres Treated: _____

Pounds of Active Ingredient per Acre: _____

Location of Treated Area: _____

Date of Application: _____

Time of Application: _____

Mail reports to:

Arkansas Department of Agriculture, Pesticide Section
1 Natural Resource Drive, Little Rock, AR 72205

Email: pesticide.registration@agriculture.arkansas.gov

Reports must be submitted within **10 days** of application.