Print Form

STATE OF ALABAMA

RESTRICTED USE PESTICIDE DEALER SALES LOG

Date of Sale: _____ Invoice #: _____

Permit Number: _____ Expires: _____

Permit Holder: _____

Address: _____

Person Delivery Made To: _____

Address: _____

PRODUCT BRAND OR COMMON NAME *[for example: Atrazine 4L*	% ACTIVE *4L or .8%*	QUANTITY *gals or lbs.]*

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