



MASSACHUSETTS SALES REPORT OF RESTRICTED AND STATE LIMITED USE PESTICIDES

2019

DEALERSHIP INFORMATION

Dealer Name:

Address (Street or P.O. Box):

City/Town: State: Zip Code: Phone: - -

COMPANY HEADQUARTERS ADDRESS (if different from above)

Company or Corporation Name:

Address (Street or P.O. Box):

Suite or Unit Number: City/Town: State: Zip Code:

LICENSED PERSONNEL INCLUDED IN REPORT

Name:	Dealer License Number:
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REPORT PREPARED BY:

Preparer: Date (MM-DD-YYYY): - -

Phone: - -

SIGNATURE

If no restricted use pesticides were sold during the reporting period, check here. Otherwise, fill out Page 2.

