

MASSACHUSETTS SALES REPORT OF RESTRICTED AND STATE LIMITED USE PESTICIDES

2021

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):														
ite or Unit Number: City/Town: State: Zip Code:														
LICENSED PERSONNEL INCLUDED IN REPORT														
Dealer Licen														
Name: Number:														
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.



MASSACHUSETTS SALES REPORT OF RESTRICTED AND STATE LIMITED USE PESTICIDES PESTICIDE LIST (Fill out one page per restricted use product)

2021

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CU	USTOMER NAME (Last Name, First Name)															_	CERTIFICATION						TOTAL PURCHASED Amount: Unit:																		
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