

NYSDEC PESTICIDE REPORTING LAW (PRL) INFORMATION

ALL INFORMATION INPUT ON SIDE A MUST BE TYPED INTO E-FORM 26 AT WWW.NYSPRL.COM

➡ WRITTEN REPORTS, SCANS, AND IMAGES OF THIS FORM ARE **NOT** ACCEPTED FOR PRL REPORTING ◀

REPORT YEAR	CERTIFICATION ID NUMBER	APPLICATOR/TECHNICIAN NAME	BUS/AGENCY REG (IF APPLICABLE)

Row #	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8	Col. 9	Col. 10
1	EPA Registration Number	Product Name	Quantity Used	Units	Date	End Date*	County Code	Address (Street address or equivalent)	Municipality (City, Village, etc)	Zip Code
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

* Column 6 is **ONLY** for applications made automatically within a timeframe, for example- Category 7g, Cooling towers.

Acceptable Units (Col 3): Gallons = GL, Quarts = QT, Fluid Ounces = FL, Dry Ounces = OZ, Pounds = LB, Liters = L, Milliliters = ML, Kilograms = KG, Grams = GM, Milligrams = MG

NYSDEC PESTICIDE RECORD KEEPING INFORMATION

ALL INFORMATION INPUT ON SIDE A AND SIDE B MUST BE RETAINED FOR A MINIMUM OF 3 YEARS
TO COMPLY WITH THE RECORD KEEPING REQUIREMENTS

Row #	Dosage Rate	Method of Application	Target Organism	Place of application
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

DO NOT MAIL THESE FORMS TO THE DEC