

NON-USE

PESTICIDE REPORT FORM

This is to certify that no substances with E.P.A. registration numbers were used during the month(s) of: **(Please circle appropriate month or months)**

Nov Dec 200 / Jan Feb Mar April May June July Aug Sept Oct 200 /
(Month/Months)

on _____ grapes located in the county of _____
(Variety/Varieties)

(County)

Signed: X _____

Grower Name: _____
(Please print)

Allied Membership Number: _____

Section _____ Township _____ Range _____

Site Identification # (s): _____

Please remit to:

Allied Grape Growers
3475 W. Shaw, Suite #103
Fresno, CA 93711
Fax # (559) 276-7129