XTENDIMAX®
With VaporGrip® Technology

Restricted Use Pesticide

2023 APPLICATION RECORD-KEEPING FORM

RECORD KEEPING IS REQUIRED FOR APPLICATIONS OF THIS PRODUCT.

- The certified applicator must keep the following records for a period of two years
- Records must be generated as soon as practical but **no later than 72 hours after application**
- A separate record must be kept for each application
- Additional record-keeping forms can be found at XtendiMaxApplicationRequirements.com
- Applicators should check with their state for specific requirements that may be provisioned by local authorities

Certified Applicator Name: _____   State Certification # of Applicator: _____

REQUIRED DICAMBA APPLICATOR TRAINING

Date Completed *(MM/DD/YY)*: _____ / _____ / _____   Provider *(be sure to retain proof of completion)*: _____

ENDANGERED SPECIES CONCERNS

Prior to application, individuals are **REQUIRED** to visit **EPA.gov/Endangered-Species/Bulletins-Live-Two-View-Bulletins or call 1-844-447-3813** to determine if additional protection measures are required for the county where application is to occur. *(Must be completed no more than six months **before** application.)*

Date Endangered Species Registry Was Consulted *(MM/DD/YY)*: _____ / _____ / _____

SENSITIVE CROP AND CERTAIN PLANT AWARENESS

Date and Name of the Sensitive Crop Registry Consulted: _____ / _____ / _____ _____

AND

Date Adjacent Fields Were Surveyed for Sensitive Crops and Certain Plants: _____ / _____ / _____ *(findings)*_____

✎ *DOCUMENT THE CROPS/AREAS SURROUNDING THE FIELD PRIOR TO APPLICATION*

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SEE REVERSE SIDE TO COMPLETE FORM

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Retain receipts of each purchase for each application including approved dicamba product, mandatory volatility and drift reduction adjuvant products.
Retain a copy of all product labels, including state labels where applicable.

PRE-APPLICATION INFORMATION

Approved Dicamba Product Name and EPA Reg. #: _____

Location of Application: _____

To Be Applied To: Cotton ☐ Soybeans ☐   Check to Confirm Optional Use of Qualified Drift Reduction Technology (DRT) ☐

Buffer Distance Calculation/Composition: _____

Size of Treated Area *(acres)*: _____

Check to Confirm Spray System Equipment Is Cleaned Prior to Using: ☐ *(notes)* _____

NOZZLE INFORMATION

Manufacturer/Brand: _____   Type: _____

Orifice Size: _____   Operating Pressure: _____

TIMING

Date of Application: ____ / ____ / ____   Date Crop Planted: ____ / ____ / ____   Days After Planting: _____

☐ Burndown/Early Planting   ☐ Preplant   ☐ At Planting   ☐ Pre-Emergence   ☐ Post-Emergence

SPRAYING INFORMATION

	APPLICATION START:	APPLICATION END:
Time:		
Air Temperature *(°F)*:		
Wind Speed *(at boom height)*:		
Wind Direction *(direction from which wind is blowing)*:		
Check to Confirm Approved Dicamba Rate per Acre Was Applied *(22 oz/acre)*:	☐	N/A
Total Amount Applied *(gallons)*:	N/A	
Mandatory Volatility Reduction Adjuvants Used *(brand names, EPA reg #s if applicable, and volume)*:		
Drift Reduction Adjuvants Used *(brand names, EPA reg #s if applicable, and volume)*:		
All Other Tank-Mix Products Used *(brand names, EPA reg #s if applicable, and volume)*:		
Spray System Equipment Cleanout *(utilizing product-specific triple-rinse procedure)*:	☐ *(notes)*	

BAYER