Appendix 6

Pesticide Application Notification Form

A pesticide application is scheduled for / was performed on:

DATE_____3/4/2024_____ TIME _____3:00 Pm_____

Pesticide Common Name	Pesticide Trade Name / Type of Pesticide Product	EPA Registration Number
Arilon	Indoxacarb	100-1501

Expected Area of the pesticide application: LSA Building interior and exterior wall base_____

Expected date of application:
__3/4/2024_____

Reason for the application: Ant control