



## Report of Applications under AR Section 18 Emergency Exemption

**Pesticide:** \_\_\_\_\_

**Applicator's Name:** \_\_\_\_\_

**Applicator's Address:** \_\_\_\_\_

**Farmer's Name:** \_\_\_\_\_

**Farmer's Address:** \_\_\_\_\_

**Acres Treated:** \_\_\_\_\_

**Pounds of Active Ingredient per Acre:** \_\_\_\_\_

**Location of Treated Area:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

**Time of Application:** \_\_\_\_\_

Mail reports to:  
Arkansas Department of Agriculture, Pesticide Section  
1 Natural Resource Drive, Little Rock, AR 72205

Fax to (501) 312-7053 or Email: [brandi.reynolds@agriculture.arkansas.gov](mailto:brandi.reynolds@agriculture.arkansas.gov)

Reports must be submitted within **10 days** of application.