Name:	License Number 92			
Wisconsin Restricted Use Pesticide Dealers and Distributors Annual Reporting				
FORM 1				
Record the name and address of each person from whom you receiv	red any pesticide during the 12-month period beginning			
October 1, 2023, and ending on September 30, 2024. Complete all s	sections. Attach extra copies this form as needed.			

PESTICIDE SUPPLIERS

Business Name	Street Address	City	State	Zip Code

Name:	License Number 92			
Wisconsin Restricted Use Pesticide Dealers and Distributors Annual Reporting				
<u>FORM 2</u>				
Record the amount of each pesticide that you distributed to an end-user for use in Wisconsin during the 12-month period beginning				
October 1, 2023, and ending on September 30, 2024. Include commocopies this form as needed.	ercially applied pesticides. Complete all sections. Attach extra			

PESTICIDE PRODUCTS DISTRIBUTED FOR USE IN WISCONSIN

Trade Name or Product Name	EPA Registration Number	Product Manufacturer/Labeler	Amount nearest whole number	Amount Measurement e.g. gal. or lbs	RUP Yes or No
				cigi gan or nos	100 110