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 received any pesticide during the 12-month period beginning October 1, 2024, and ending on September 30, 2025. Complete all 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

FORM 2

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, 2024, and ending on September 30, 2025. Include commercially applied pesticides. Complete all sections. Attach extra copies this form as needed.

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