NEW JERSEY DEPARTMENT OF AGRICULTURE
DIVISION OF PLANT INDUSTRY
BTM TREATMENT REPORT

NURSERY BUSINESS:_____
ADDRESS:_____
CONTACT:_____

DATE	TYPE: (PRE-SHIP | PRODUCTION)	PESTICIDE (TRADE NAME)	PESTICIDE (ACTIVE INGREDIENT)	RATE (oz/gal)	NAME (LIC. PESTICIDE APPLICATOR)