

APPLICATION FOR PESTICIDE RESIDUE ANALYSIS
IN CROPS

Date:.....

To.

Agricultural Products Analytical Laboratory
Plant Protection Division
Department of Agriculture

- 1. Name of company and address:
- 2. Description of the consignment/ lot:
-
- 3. Sample Weight/Quantity:.....
- 4. Origin of the sample:
- 5. Date of sampling:
- 6. Place of sampling:

| Name of Ingredient | Date of Application | Dosage |
|--------------------|---------------------|--------|
| | | |
| | | |

Sampling Officer: -
 Signature:.....
 Name:
 Address/ Ph.No.....

Owner of the Sample:
 Signature:
 Name:
 Address/Ph.No.:.....

