

## ***REPORT ON PERSONNEL AND EQUIPMENT***

**Contract Number:**

**Contractor:**

Name of Contractor  
Contractor SAP Vendor Number  
Name of President or Owner (specify)  
Address  
Telephone Number

**Subcontractor(s):**

Name of Subcontractor  
Name of President or Owner (specify)  
Address  
Telephone Number

**On-Site Project Supervisor:**

Name  
Address  
Telephone

**Person Holding Pesticide Applicators License(s)**

Name(s)  
Applicator No:

**Spray Equipment Operators**

Name(s)

**Glyphosate Formulation:**

Trade Name

**Sulfometuron Methyl Formulation:**

Trade Name

**Spray Equipment:**

Owner  
Make/Model  
Spray System Make  
Tank Capacity (Gallons)  
Operating Load Capacity (Gallons)  
Inspection Location  
Description of Ground-Support Equipment