

# ***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

**Metsulfuron Methyl Formulation:**

Trade Name

**Spray Equipment:**

Owner Make/Model  
Tank Capacity (Gallons)