

BESTLAND AIR

BESTLANDAIR.COM

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INFO@BESTLANDAIR.COM

WORK ORDER # _____ (OFFICE)

DATE ORDERED: _____

CUSTOMER: _____

ADDRESS: _____

EMAIL: _____

PH #: _____

R.M. of: _____

FIELD #: _____

ACRES: _____

REQUESTED
SPRAY DATE _____

WATER VOLUME: _____

DATE READY: _____

LAND DESCRIPTION: _____

GPS COORDINATES: _____

CROP: _____

CHEMICAL: #1	#2
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RATE:	
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RATE:	
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SURROUNDING CROPS

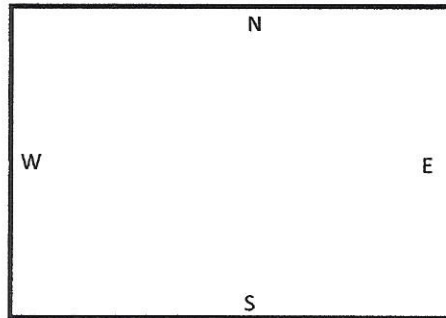
N _____ S _____

E _____ W _____

ORGANIC CROPS IN AREA: ____ YES ____ NO

BEES IN AREA: ____ YES ____ NO

FIELD DIAGRAM



SPECIAL INSTRUCTIONS: (TOWERS,LINES,OBTCLES.AREAS OF CONCERN,YARDS)

OFFICE USE ONLY

DATE SPRAYED: _____

START: _____ AM/PM

PILOT: _____

FINISH: _____ AM/PM

DIRECTION & WIND SPEED: _____

HUMIDITY: _____

TEMPERATURE: _____

SKY CONDITIONS: _____

LOAD #	1	2	3
CHEMICAL			
CHEMICAL			
# OF UNITS			
ACRES			