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| **Farm Name:**  **F-2.3 CHEMICAL APPLICATION PERSONAL  Signature/date of Person writing plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature/date of Supervisor review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Effective Date: \_\_\_\_\_\_\_  Document #: \_\_\_\_\_\_\_  Revision #: \_\_\_\_\_\_\_  Revision Date: \_\_\_\_\_\_\_ |

**TRAINED INDIVIDUALS AND LICENSE NUMBERS, OR COMPANY THAT APPLIES CONTRACT SPRAYS**

Operation maintains records demonstrating that all personnel responsible for chemical applications are trained and/or licensed, or supervised by licensed personnel, in compliance with prevailing regulation.

Make a photocopy of the agricultural chemical application license, if applicable, and place in your food safety plan recordkeeping system.

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| Person’s Name | Certifications/License Number |
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