

# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

STATE OF CALIFORNIA  
DPR-ENF-117 (REV. 12/16)  
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DEPARTMENT OF PESTICIDE REGULATION  
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR <b>2023</b>	BUSINESS REGISTRATION/LICENSE/CERTIFICATE # <b>PR # 4507</b>	BUSINESS/OPERATOR NAME <b>Hydrex Pest Control of the Antelope Valley (inc.) David Barabe</b>					
BUSINESS ADDRESS <b>18345 Sierra Hwy #20</b>			CITY <b>Santa Clara</b>	STATE <b>Ca</b>	ZIP CODE <b>91357</b>	BUSINESS PHONE NUMBER <b>(661) 257-8858</b>	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
<b>Saugus Union School Dist</b> <input checked="" type="checkbox"/> School <b>24930 Ave Stanford</b> <b>Valencia, Ca 91355</b> <input type="checkbox"/> Day Care	<b>19</b>	<b>1/11/23</b> <b>1:50 pm</b>	<b>18</b>	<b>Tempud FX</b> <b>Bayec</b>	<b>432-1524</b>	<input type="text" value="1"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	<b>10</b>
<b>"</b> <input checked="" type="checkbox"/> School <b>"</b> <input type="checkbox"/> Day Care	<b>19</b>	<b>1/11/23</b> <b>1:50 pm</b>	<b>18</b>	<b>Delta Dust</b> <b>Bayez</b>	<b>432-772</b>	<input type="text" value="1"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	<b>10</b>
<b>Bridgeport Elem.</b> <input checked="" type="checkbox"/> School <b>23670 Newhall Ranch Rd.</b> <b>Valencia, Ca 91355</b> <input type="checkbox"/> Day Care	<b>19</b>	<b>2/09/23</b> <b>2:46 pm</b>	<b>18</b>	<b>Phantom Liquid</b> <b>BASF</b>	<b>241-392</b>	<input type="text" value="1"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	<b>10</b>
<b>"</b> <input checked="" type="checkbox"/> School <b>"</b> <input type="checkbox"/> Day Care	<b>19</b>	<b>2/9/23</b> <b>2:46 pm</b>	<b>18</b>	<b>Delta Dust.</b> <b>Bayec</b>	<b>432-772.</b>	<input type="text" value="1"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	<b>10</b>
<b>Saugus Union</b> <input checked="" type="checkbox"/> School <b>Dept. Maintenance</b> <b>26507 Knether Ave</b> <b>Santa Clara, Ca 91357</b> <input type="checkbox"/> Day Care	<b>19</b>	<b>1/23/23</b> <b>3:00 pm</b>	<b>18</b>	<b>Ditrae</b> <b>Bell Laboratories</b> <b>INC.</b>	<b>12455-80</b>	<input type="text" value="36"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	<b>30</b>

REPORT PREPARED BY **DBARABE, operator, David Barabe** DATE **3/29/24**



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PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR <b>2023</b>	BUSINESS REGISTRATION/LICENSE/CERTIFICATE # <b>PR #41569</b>	BUSINESS/OPERATOR NAME <b>Hydrex Pest Control of the Antelope Valley Inc., David Barabe</b>						
BUSINESS ADDRESS <b>18345 Sierra Hwy #20, Santa Clarita, Ca 9</b>				CITY <b>Santa Clarita</b>	STATE <b>Ca</b>	ZIP CODE <b>91351</b>	BUSINESS PHONE NUMBER <b>661 251-8558</b>	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
<b>Santa Clarita elementary</b> <input checked="" type="checkbox"/> School <b>27171 Seco Canyon Rd.</b> <b>Santa Clarita, Ca 91390</b> <input type="checkbox"/> Day Care	<b>19</b>	<b>4/21/23</b> <b>3:00pm</b>	<b>18</b>	<b>Phantom Liquid</b> <b>BASF</b>	<b>241.392</b>	<b>0.5</b> (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	<b>U</b>	
<b>U</b> <input checked="" type="checkbox"/> School <b>U</b> <input type="checkbox"/> Day Care	<b>19</b>	<b>4/21/23</b> <b>3:00pm</b>	<b>18</b>	<b>Genrol IAR</b> <b>ZOECON</b>	<b>272.351</b>	<b>1</b> (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	<b>U</b>	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<b> </b> (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<b> </b> (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<b> </b> (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB		

REPORT PREPARED BY **DBARABE, operator David Barabe**

DATE **3/29/24**

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APPLICATION YEAR <b>2023</b>	BUSINESS REGISTRATION/LICENSE/CERTIFICATE # <b>PR4604</b>	BUSINESS/OPERATOR NAME <b>VertexPest Solutions</b>					
BUSINESS ADDRESS <b>24307 Magic Mountain Pkwy #132</b>			CITY <b>Valencia</b>	STATE <b>CA</b>	ZIP CODE <b>91355</b>	BUSINESS PHONE NUMBER <b>6617757773</b>	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
<b>BRIDGEPORT ELEMENTARY</b> <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	<b>7/22/23 1:49 pm</b>	18	<b>CONTROL SOLUTIONS BIFEN I/T</b>	<b>53883-118</b>	<b>3.4</b> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
<b>11</b> <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	<b>8/19/23 10:53 am</b>	18	<b>CONTROL SOLUTIONS BIFEN I/T</b>	<b>53883-118</b>	<b>3.4</b> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
<b>11</b> <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	<b>8/28/23 3:18 pm</b>	18	<b>M GK ONSLAUGHT FAST CAP</b>	<b>1021-2574</b>	<b>0.4</b> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<b>11</b> <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	<b>9/02/23</b>	18	<b>CONTROL SOLUTIONS BIFEN I/T</b>	<b>53883-118</b>	<b>3.8</b> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<b>11</b> <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	<b>9/19/23</b>	18	<b>CONTROL SOLUTIONS BIFEN I/T</b>	<b>53883-118</b>	<b>3.4</b> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

REPORT PREPARED BY JEAN PIERRE D'IBROT DATE 1-30-24

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APPLICATION YEAR	BUSINESS REGISTRATION/LICENSE/CERTIFICATE #	BUSINESS/OPERATOR NAME					STATE	ZIP CODE	BUSINESS PHONE NUMBER
2023	PR4604	VertexPest Solutions					CA	91355	6617757773
BUSINESS ADDRESS				CITY					
24307 Magic Mountain Pkwy #132				Valencia					
School CDS #/Chld Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)			Pest Control Code  (from list on back)
BRIDGEPORT ELEMENTARY <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	10/7/23 6:50 am	18	MGR ONSLAUGHT FAST CAP	1021-2574	<div style="border: 1px solid black; padding: 2px; display: inline-block;">2.4</div> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB			10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	11/4/23 7:30 am	18	MGR ONSLAUGHT FAST CAP	1021-2574	<div style="border: 1px solid black; padding: 2px; display: inline-block;">.9</div> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB			10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	12/2/23 6:23 am	18	MGR ONSLAUGHT FAST CAP	1021-2574	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1.9</div> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB			10
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10		18			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB			10
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10		18			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB			10

REPORT PREPARED BY JEAN PIERRE D'AROT DATE 1-30-24

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APPLICATION YEAR	BUSINESS REGISTRATION/LICENSE/CERTIFICATE #	BUSINESS/OPERATOR NAME						
2023	PR4604	VertexPest Solutions						
BUSINESS ADDRESS				CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER	
24307 Magic Mountain Pkwy #132				Valencia	CA	91355	6617757773	
School CDS #/Chld Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)		Pest Control Code  (from list on back)
CEDARCREEK <input checked="" type="checkbox"/> School ELEMENTARY <input type="checkbox"/> Day Care	10	7/22/23 9:57 am	18	ZOECON EXTER	89459-41	.02 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	8/26/23 11:24 am	18	MGR ONSLAUGHT FAST CAP	1021-2574	.99 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	8/26/23 8:18 am	18	BASF PHANTOM	241-392	.03 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	9/16/23 6:01 am	18	MGR ONSLAUGHT FAST CAP	1021-2574	.03 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	10/28/23 8:59 am	18	MGR ONSLAUGHT FAST CAP	1021-2574	.02 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		10

REPORT PREPARED BY JEAN PIERRE D'IBROT DATE 1-30-24

# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

APPLICATION YEAR <b>2023</b>	BUSINESS REGISTRATION/LICENSE/CERTIFICATE # <b>PR4604</b>	BUSINESS/OPERATOR NAME <b>VertexPest Solutions</b>						
BUSINESS ADDRESS <b>24307 Magic Mountain Pkwy #132</b>				CITY <b>Valencia</b>		STATE <b>CA</b>	ZIP CODE <b>91355</b>	BUSINESS PHONE NUMBER <b>6617757773</b>
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
<i>cedar creek</i> <input checked="" type="checkbox"/> School <i>Elementary</i> <input type="checkbox"/> Day Care	10	<i>11/13/23</i> <i>2:00pm</i>	18	<i>AMVAC</i> <i>WISDOM LAWN</i> <i>GRANULAR</i>	<i>5481-524</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><i>4.6</i></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input checked="" type="checkbox"/> LB	10	
<i>11</i> <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	<i>12/23/23</i> <i>6:42 am</i>	18	<i>MGK</i> <i>ONSLAUGHT</i> <i>FAST CAP</i>	<i>1021-2574</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><i>.016</i></div> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10		18			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10		18			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10		18			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

REPORT PREPARED BY *JEAN PIERRE DIBROT* DATE *1-30-24*

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2023	PR4604	VertexPest Solutions					
BUSINESS ADDRESS			CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER	
24307 Magic Mountain Pkwy #132			Valencia	CA	91355	6617757773	
School CDS #/Chld Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
District Office <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	7/6/23 7:46 am	18	CONTROL SOLUTIONS BIFEN I/4	53883-11D	0.338 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	7/6/23 7:46 am	18	FMC CB-90	279-3393	0.5 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	7/28/23 2:55 pm	18	ZOECON EXITER	89459-41	0.5 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	7/28/23 2:55 pm	18	BAYER TEMPO ULTRA WP.	432-1304	 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	7/03/23 4:06 pm	18	ZOECON EXITER	89459-41	0.16 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

REPORT PREPARED BY JENN P. ERIC DIBZOT DATE 1-30-24



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APPLICATION YEAR	BUSINESS REGISTRATION/LICENSE/CERTIFICATE #	BUSINESS/OPERATOR NAME					STATE	ZIP CODE	BUSINESS PHONE NUMBER
2023	PR4604	VertexPest Solutions					CA	91355	6617757773
BUSINESS ADDRESS				CITY					
24307 Magic Mountain Pkwy #132				Valencia					
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)			Pest Control Code  (from list on back)
District OFFICE <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	7/13/23 4:06pm	18	BAYER TEMPO ULTRA WP	432-1304	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.58</div> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB			10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	8/19/23 9:43am	18	CONTROL SOLUTIONS BIFEN I/F	53883-118	<div style="border: 1px solid black; padding: 2px; display: inline-block;">34</div> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB			10
1, <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	8/28/23 1:56pm	18	WILCO CROPHEN GATER TYPE 2	36029-24	<div style="border: 1px solid black; padding: 2px; display: inline-block;">10</div> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB			30
1, <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	9/13/23 6:47pm	18	MAR ONSLAUGHT FAST CAP	1021-2574	<div style="border: 1px solid black; padding: 2px; display: inline-block;">.078</div> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB			10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	9/13/23 6:47pm	18	AMVAC NAVIGATOR SC.	93182-23	<div style="border: 1px solid black; padding: 2px; display: inline-block;">.053</div> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB			10

REPORT PREPARED BY Jean Pierre Dubrot DATE 1-30-24

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APPLICATION YEAR <b>2023</b>	BUSINESS REGISTRATION/LICENSE/CERTIFICATE # <b>PR4604</b>	BUSINESS/OPERATOR NAME <b>Vertex Pest Solutions</b>					
BUSINESS ADDRESS <b>24307 Magic Mountain Pkwy #132</b>			CITY <b>Valencia</b>		STATE <b>CA</b>	ZIP CODE <b>91355</b>	BUSINESS PHONE NUMBER <b>6617757773</b>
School CDS #/Chld Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
District OFFICE <input type="checkbox"/> School <input type="checkbox"/> Day Care	10	10/7/23 9:06am	18	MGL ONSLAUGHT FAST CAP	1021-2574	.75 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
" <input type="checkbox"/> School <input type="checkbox"/> Day Care	10	11/4/23 10:08am	18	MGL ONSLAUGHT FAST CAP	1021-2574	.4 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
" <input type="checkbox"/> School <input type="checkbox"/> Day Care	10	11/27/23 11:57am	18	WILCO KOPHER GELTER TYPE 2	36029-27	.5 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
" <input type="checkbox"/> School <input type="checkbox"/> Day Care	10	12/2/23 8:28am	18	MGL ONSLAUGHT FAST CAP	1021-2574	.75 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
" <input type="checkbox"/> School <input type="checkbox"/> Day Care	10		18			 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

REPORT PREPARED BY JEAN PICTURE D'AROT

DATE 1-30-24

# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

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PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR	BUSINESS REGISTRATION/LICENSE/CERTIFICATE #	BUSINESS/OPERATOR NAME					
2023	PR4604	VertexPest Solutions					
BUSINESS ADDRESS				CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER
24307 Magic Mountain Pkwy #132				Valencia	CA	91355	6617757773
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
District Support Center <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	7/28/23 1:15 pm	18	ZOECON EXITE 2	89459-41	.01 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	7/28/23 1:15 pm	18	SUREKILL GUARDIAN BLOCKS	61282-26	6 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	8/26/23 12:30 pm	18	SUREKILL GUARDIAN BLOCKS	61282-26	3 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	8/26/23 12:30 pm	18	AMUAC NAVIGATOR SC	93182-23	.07 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	9/30/23 10:30 am	18	SUREKILL GUARDIAN BLOCKS	61282-26	7 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

REPORT PREPARED BY Jean Pierre D'Arrot DATE 1-30-24

# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

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APPLICATION YEAR	BUSINESS REGISTRATION/LICENSE/CERTIFICATE #	BUSINESS/OPERATOR NAME					
2023	PR4604	VertexPest Solutions					
BUSINESS ADDRESS			CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER	
24307 Magic Mountain Pkwy #132			Valencia	CA	91355	6617757773	
School CDS #/Chld Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
District Support Center <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	10/28/23 2:19 pm	18	ZOECON EXITER	89459-41	.25 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
4 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	10/28/23 2:19 pm	18	MGR ONSLAUGHT FAST CAP	1021-2574	.078 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	11/18/23 3:23 pm	18	AMVAC WISDOM LAWN GRANULAR	5481-521	2 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input checked="" type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	12/23/23 9:05 am	18	SUREKILL GUARDIAN BLOCKS	61282-26	2 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	12/23/23 9:05 am	18	MGR ONSLAUGHT FAST CAP	1021-2574	.078 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

REPORT PREPARED BY Jean Pierre D'Bro DATE 1-30-24

# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

STATE OF CALIFORNIA  
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APPLICATION YEAR	BUSINESS REGISTRATION/LICENSE/CERTIFICATE #	BUSINESS/OPERATOR NAME					
2023	PR4604	VertexPest Solutions					
BUSINESS ADDRESS			CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER	
24307 Magic Mountain Pkwy #132			Valencia	CA	91355	6617757773	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
EMBLEM ACADEMY <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	6/13/23 1:04 pm	18	ZOECON EXITER	89459-41	.005 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	6/13/23 1:04 pm	10	WILCO GOPHER GELER TYPE 2	36029-27	3 <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	30
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	6/13/23 1:04 pm	18	BAYER TEMPO ULTRA WP	432-1304	.003 <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	7/15/23 7:11 pm	18	CONTROL SOLUTIONS HALBUS SC	53883-279	1.6 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	8/9/23 8:54 am	10	WILCO GOPHER GELER TYPE 2	36029-24	40 <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	30

REPORT PREPARED BY Jean Pierre D'Brof DATE 1-30-24

# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

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APPLICATION YEAR	BUSINESS REGISTRATION/LICENSE/CERTIFICATE #	BUSINESS/OPERATOR NAME					STATE	ZIP CODE	BUSINESS PHONE NUMBER
2023	PR4604	VertexPest Solutions					CA	91355	6617757773
BUSINESS ADDRESS				CITY					
24307 Magic Mountain Pkwy #132				Valencia					
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)		Pest Control Code  (from list on back)	
EMBLEM ACADEMY <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	9/9/23 8:54 am	18	CONTROL SOLUTIONS BIFEN I/T	53883 -118	3.3	(vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	9/16/23 8:12 am	18	AMUAC NAVIGATOR SC	93182 - 23	.42	(vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	10/03/23 10:34 am	18	WILCO GOPHER GREYER TYPE 2	36029 - 24	40	(vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	30	
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	10/03/23 10:19 am	18	AMUAC NAVIGATOR SC	93182 - 23	.84	(vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	10/07/23 7:48 am	18	MEK ONSLAUGHT FAST-CAP	1021 - 2574	2.4	(vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

REPORT PREPARED BY JEAN PIERRE DUBROT DATE 1-30-24

# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

STATE OF CALIFORNIA  
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APPLICATION YEAR <b>2023</b>	BUSINESS REGISTRATION/LICENSE/CERTIFICATE # <b>PR4604</b>	BUSINESS/OPERATOR NAME <b>VertexPest Solutions</b>					
BUSINESS ADDRESS <b>24307 Magic Mountain Pkwy #132</b>			CITY <b>Valencia</b>		STATE <b>CA</b>	ZIP CODE <b>91355</b>	BUSINESS PHONE NUMBER <b>6617757773</b>
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
<i>EMBLEM ACADEMY</i> <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	<i>11/4/23 8:07 am</i>	18	<i>CONTROL SOLUTIONS BIFEN I/T</i>	<i>53883 -118</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><i>2.9</i></div> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<i>11</i> <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	<i>12/2/23 7:15 AM</i>	18	<i>MCK ORNSLAUGH FAST CAP</i>	<i>1021 - 2571</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><i>1.98</i></div> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10		18			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10		18			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10		18			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

REPORT PREPARED BY *JEAN PIERRE DIBROT*

DATE *1-30-24*

# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

STATE OF CALIFORNIA  
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APPLICATION YEAR	BUSINESS REGISTRATION/LICENSE/CERTIFICATE #	BUSINESS/OPERATOR NAME					
2023	PR4604	VertexPest Solutions					
BUSINESS ADDRESS			CITY		STATE	ZIP CODE	BUSINESS PHONE NUMBER
24307 Magic Mountain Pkwy #132			Valencia		CA	91355	6617757773
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
JAMES FOSTER <input checked="" type="checkbox"/> School ELEMENTARY <input type="checkbox"/> Day Care	10	7/22/23 2:37 pm	18	CONTROL SOLUTIONS BIFEN I/F	53883-118	54 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	8/16/23 10:12 pm	18	SYNGENTA ADUION ANT FIELD BAIT	100-1498	1 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	8/16/23 10:12 pm	18	BASF PHANTOM	241-392	.046 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	8/19/23 4:56 pm	18	CONTROL SOLUTIONS BIFEN I/F	53883-118	56 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	9/17/23 2:25 pm	18	CONTROL SOLUTIONS BIFEN I/F	53883-118	128 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

REPORT PREPARED BY JEAN PIERRE DUBROT DATE 1-30-24



# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

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24307 Magic Mountain Pkwy #132			Valencia	CA	91355	6617757773	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
JAMES FOSTER ELEMENTARY <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	10/14/23 9:53 am	18	CONTROL SOLUTIONS BIFEN I/H	53883-118	3.4 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
// <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	11/18/23 5:23 am	18	AMVAC WISDOM LAWN GRANULAR	5481-524	5 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input checked="" type="checkbox"/> LB	10
// <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	12/9/23 10:04 am	18	CONTROL SOLUTIONS BIFEN I/H	53883-118	3.4 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10		18			 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10		18			 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

REPORT PREPARED BY JEAN PERRE D. BROU DATE 1-30-24

# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

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24307 Magic Mountain Pkwy #132			Valencia	CA	91355	6617757773	
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CHARLES HELMERS ELEMENTARY <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	7/29/23 6:06 am	18	CONTROL SOLUTIONS BIFEN I/F	53883-118	4.8  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	8/19/23 10:12 am	18	CONTROL SOLUTIONS BIFEN I/F	53883-118	3.4  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	9/09/23 5:36 am	18	CONTROL SOLUTIONS BIFEN I/F	53883-118	3.4  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	10/7/23 8:33 am	18	MAR ONSLAUGHT FAST CAP	1021-2574	2.4  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	11/4/23 9:36 am	18	MAR ONSLAUGHT FAST CAP	1021-2574	1.48  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

REPORT PREPARED BY Jean Pierre D'Broat DATE 1-30-24

# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

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APPLICATION YEAR <b>2023</b>	BUSINESS REGISTRATION/LICENSE/CERTIFICATE # <b>PR4604</b>	BUSINESS/OPERATOR NAME <b>VertexPest Solutions</b>					
BUSINESS ADDRESS <b>24307 Magic Mountain Pkwy #132</b>			CITY <b>Valencia</b>		STATE <b>CA</b>	ZIP CODE <b>91355</b>	BUSINESS PHONE NUMBER <b>6617757773</b>
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code (from list on back)
<i>CHARLES HELMERS ELEMENTARY</i> <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	<i>12/2/23 7:52 am</i>	18	<i>MGK ONSLAUGHT FAST CAP</i>	<i>1021-2574</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1.9</div> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10		18			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10		18			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10		18			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10		18			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

REPORT PREPARED BY *JEAN PIERRE D'ARROT* DATE *1-30-24*

# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

STATE OF CALIFORNIA  
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DEPARTMENT OF PESTICIDE REGULATION  
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR	BUSINESS REGISTRATION/LICENSE/CERTIFICATE #	BUSINESS/OPERATOR NAME					
2023	PR4604	VertexPest Solutions					
BUSINESS ADDRESS			CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER	
24307 Magic Mountain Pkwy #132			Valencia	CA	91355	6617757773	
School CDS #/Chld Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
HIGHLANDS ELEMENTARY <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	7/15/23 4:27 pm	18	CONTROL SOLUTIONS BIFEN I/F	53883-118	84 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	8/5/23 7:05 am	18	CONTROL SOLUTIONS HAUKUS SC	53883-279	21 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	8/16/23 7:46 pm	18	MBR ONSLAUGHT FAST CAP	1021-2574	.05 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	8/19/23 3:46 pm	18	CONTROL SOLUTIONS BIFEN I/F	53883-118	56 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	8/26/23 11:50 am	18	AMVAC NAVIGATOR SC.	93182-23	.05 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

REPORT PREPARED BY JEAN PIERRE D'BIROT DATE 1-30-24

# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

STATE OF CALIFORNIA  
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DEPARTMENT OF PESTICIDE REGULATION  
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR	BUSINESS REGISTRATION/LICENSE/CERTIFICATE #	BUSINESS/OPERATOR NAME					
2023	PR4604	VertexPest Solutions					
BUSINESS ADDRESS			CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER	
24307 Magic Mountain Pkwy #132			Valencia	CA	91355	6617757773	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
HIGHLANDS ELEMENTARY <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	9/9/23 6:12 am	18	CONTROL SOLUTIONS BIFEN I/T	53883-118	.9 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	9/16/23 2:54 pm	18	CONTROL SOLUTIONS BIFEN I/T	53883-118	192 <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	10/5/23 8:05 am	18	M&K ONSLAUGHT FAST CAP	1021-2574	2.5 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	10/14/23 10:37 am	18	AMUAC NAVIGATOR SC	9382-23	2.9 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	10/28/23 10:29 am	18	M&K ONSLAUGHT FAST CAP	1021-2574	.03 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

REPORT PREPARED BY JEAN PIERRE DUBOIS

DATE 1-30-24

# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

STATE OF CALIFORNIA  
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DEPARTMENT OF PESTICIDE REGULATION  
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR	BUSINESS REGISTRATION/LICENSE/CERTIFICATE #	BUSINESS/OPERATOR NAME					
2023	PR4604	VertexPest Solutions					
BUSINESS ADDRESS			CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER	
24307 Magic Mountain Pkwy #132			Valencia	CA	91355	6617757773	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code (from list on back)
HIGHLANDS ELEMENTARY <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	11/4/23 9:42am	18	CONTROL SOLUTIONS BIFEN I/T	53883-118	1.4 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	11/4/23 8:42am	18	MARK ONSLAUGHT FAST CAP	1021-2579	.07 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	11/8/23 6:31am	18	AMVAC WISDOM LAWN GRANULAR	5481-521	5 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input checked="" type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	12/9/23 10:39am	18	CONTROL SOLUTIONS DIFEN I/T	53883-118	3.4 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10		18			 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

REPORT PREPARED BY JEAN PIERRE DIBROT DATE 1-30-24

# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

STATE OF CALIFORNIA  
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PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR	BUSINESS REGISTRATION/LICENSE/CERTIFICATE #	BUSINESS/OPERATOR NAME					
2023	PR4604	VertexPest Solutions					
BUSINESS ADDRESS			CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER	
24307 Magic Mountain Pkwy #132			Valencia	CA	91355	6617757773	
School CDS #/Chld Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code (from list on back)
MOUNTAIN VIEW ELEMENTARY <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	7/29/23 8:05 am	18	CONTROL SOLUTIONS BIFEN I/H	53883-118	4.8 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
" <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	8/5/23 7:55 am	18	CONTROL SOLUTIONS BIFEN I/H	53883-118	4.8 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
" <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	8/7/23 3:58 pm	18	CONTROL SOLUTIONS BIFEN I/H	53883-118	.36 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
" <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	8/7/23 3:58 pm	18	CONTROL SOLUTIONS TAURUS SC	53883-279	.012 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
" <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	8/16/23 9:03 pm	18	SYNGENTA ADUION ANT GEL BAIT	100-1498	1 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

REPORT PREPARED BY JEAN PIERRE D'AROT

DATE 1-30-24

# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

STATE OF CALIFORNIA  
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DEPARTMENT OF PESTICIDE REGULATION  
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR	BUSINESS REGISTRATION/LICENSE/CERTIFICATE #	BUSINESS/OPERATOR NAME					
2023	PR4604	VertexPest Solutions					
BUSINESS ADDRESS				CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER
24307 Magic Mountain Pkwy #132				Valencia	CA	91355	6617757773
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
MOUNTAIN VIEW ELEMENTARY <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	7/16/23 9:03 pm	18	SUREKILL GUARDIAN BLOCKS	61282-26	2  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	8/16/23 9:03 pm	18	BASF PHANTOM	241-392	3  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	8/28/23 3:15 pm	18	AMVAC NAVIGATOR SC	93182-23	2.9  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	9/2/23 8:13 am	18	CONTROL SOLUTIONS DIFEN I/4	53883-118	1.9  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
1 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	10/14/23 11:35 am	18	AMVAC NAVIGATOR SC.	93182-23	2.75  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

REPORT PREPARED BY JEAN PIERRE D'BROT DATE 1-30-24



# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

STATE OF CALIFORNIA  
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DEPARTMENT OF PESTICIDE REGULATION  
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APPLICATION YEAR	BUSINESS REGISTRATION/LICENSE/CERTIFICATE #	BUSINESS/OPERATOR NAME					
2023	PR4604	VertexPest Solutions					
BUSINESS ADDRESS			CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER	
24307 Magic Mountain Pkwy #132			Valencia	CA	91355	6617757773	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Appllcation Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
MOUNTAIN VIEW ELEMENTARY <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	11/10/23 10:19 am	18	AMUAC WISDOM LAWN GRANULAR	5481-521	<input type="checkbox"/> (vol.) OZ ML PT <input type="checkbox"/> (wt.) GR OZ <input checked="" type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	12/9/23 11:16 am	18	CONTROL SOLUTIONS BIFEN I/H	53883-118	<input type="checkbox"/> (vol.) OZ ML PT <input checked="" type="checkbox"/> (wt.) GR OZ LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10		18			<input type="checkbox"/> (vol.) OZ ML PT <input type="checkbox"/> (wt.) GR OZ LB	10
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10		18			<input type="checkbox"/> (vol.) OZ ML PT <input type="checkbox"/> (wt.) GR OZ LB	10
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10		18			<input type="checkbox"/> (vol.) OZ ML PT <input type="checkbox"/> (wt.) GR OZ LB	10

REPORT PREPARED BY JEAN PIERRE DUBROT DATE 1-30-24

# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

STATE OF CALIFORNIA  
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DEPARTMENT OF PESTICIDE REGULATION  
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR	BUSINESS REGISTRATION/LICENSE/CERTIFICATE #	BUSINESS/OPERATOR NAME					
2023	PR4604	VertexPest Solutions					
BUSINESS ADDRESS			CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER	
24307 Magic Mountain Pkwy #132			Valencia	CA	91355	6617757773	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
NORTH PARK ELEMENTARY <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	7/29/23 7:01 am	18	CONTROL SOLUTIONS BIFEN I/T	53883-117	4.8 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	8/5/23 6:06 am	18	CONTROL SOLUTIONS BIFEN I/T	53883-118	4.8 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	8/16/23 11:01 pm	18	MGK ONSLAUGHT FAST CAP	1021-2574	.015 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	9/2/23 7:25 am	18	CONTROL SOLUTIONS BIFEN I/T	53883-118	3.8 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	10/14/23 5:13 am	18	AMVAC NAVIGATOR SC	93182-23	2.95 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

REPORT PREPARED BY Jean Pierre D'Broot DATE 1-30-24

# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

STATE OF CALIFORNIA  
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PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR <b>2023</b>	BUSINESS REGISTRATION/LICENSE/CERTIFICATE # <b>PR4604</b>	BUSINESS/OPERATOR NAME <b>VertexPest Solutions</b>						
BUSINESS ADDRESS <b>24307 Magic Mountain Pkwy #132</b>			CITY <b>Valencia</b>		STATE <b>CA</b>	ZIP CODE <b>91355</b>	BUSINESS PHONE NUMBER <b>6617757773</b>	
School CDS #/Chld Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Appllcation Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)		Pest Control Code  (from list on back)
<i>NORTH PARK ELEMENTARY</i> <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	<i>11/18/23 11:00 am</i>	18	<i>AMVAC WISDOM LAWN GRANULAR</i>	<i>5481-521</i>	<div style="border: 1px solid black; padding: 2px; width: 40px; margin: 0 auto;">5</div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input checked="" type="checkbox"/> LB		10
<i>11</i> <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	<i>12/9/23</i>	18	<i>CONTROL SOLUTIONS BIFEN I/T</i>	<i>53883-118</i>	<div style="border: 1px solid black; padding: 2px; width: 40px; margin: 0 auto;">34</div> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		10
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10		18			<div style="border: 1px solid black; padding: 2px; width: 40px; margin: 0 auto;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		10
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10		18			<div style="border: 1px solid black; padding: 2px; width: 40px; margin: 0 auto;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		10
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10		18			<div style="border: 1px solid black; padding: 2px; width: 40px; margin: 0 auto;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		10

REPORT PREPARED BY JEAN PIERRE D'ARROT DATE 1-30-24

# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

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APPLICATION YEAR	BUSINESS REGISTRATION/LICENSE/CERTIFICATE #	BUSINESS/OPERATOR NAME					
2023	PR4604	VertexPest Solutions					
BUSINESS ADDRESS			CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER	
24307 Magic Mountain Pkwy #132			Valencia	CA	91355	6617757773	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
NORTH ROSEDELL ELEMENTARY <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	7/22/23 1:44 pm	18	ZOECON EXITER	89 459-41	.02 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	8/16/23 8:27 pm	18	BASF PHANTOM	241-392	2.1 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	9/03/23 4:55 pm	18	MGK ONSLAUGHT FAST CAP	1021-2577	.9 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	9/16/23	18	MGK ONSLAUGHT FAST CAP	1021-2574	.03 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	9/30/23 12:32 pm	18	MGK ONSLAUGHT FAST CAP	1021-2574	2 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

REPORT PREPARED BY JENN PIERRE DUBROT DATE 1-30-24

# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

APPLICATION YEAR <b>2023</b>	BUSINESS REGISTRATION/LICENSE/CERTIFICATE # <b>PR4604</b>	BUSINESS/OPERATOR NAME <b>VertexPest Solutions</b>					
BUSINESS ADDRESS <b>24307 Magic Mountain Pkwy #132</b>			CITY <b>Valencia</b>	STATE <b>CA</b>	ZIP CODE <b>91355</b>	BUSINESS PHONE NUMBER <b>6617757773</b>	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
<b>NORTH ROJEDERO</b> <input checked="" type="checkbox"/> School <b>ELEMENTARY</b> <input type="checkbox"/> Day Care	10	<b>10/28/23</b> <b>1:12 pm</b>	18	<b>MCK</b> <b>ONSCAUBHT</b> <b>FAST CAP</b>	<b>1021-2574</b>	<b>.078</b> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<b>11</b> <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	<b>11/18/23</b> <b>3:44pm</b>	18	<b>AMUAC</b> <b>WISDOM CAWN</b> <b>GRANULAR</b>	<b>5481-524</b>	<b>3</b> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input checked="" type="checkbox"/> LB	10
<b>11</b> <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	<b>12/23/23</b>	18	<b>MCK</b> <b>ONSCAUBHT</b> <b>FAST CAP</b>	<b>1021-2574</b>	<b>.06</b> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10		18			<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10		18			<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

REPORT PREPARED BY Jean Pierre Dubrod DATE 1-30-24

# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

STATE OF CALIFORNIA  
DPR-ENF-117 (REV. 12/16)  
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DEPARTMENT OF PESTICIDE REGULATION  
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR	BUSINESS REGISTRATION/LICENSE/CERTIFICATE #	BUSINESS/OPERATOR NAME						
2023	PR4604	VertexPest Solutions						
BUSINESS ADDRESS				CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER	
24307 Magic Mountain Pkwy #132				Valencia	CA	91355	6617757773	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)		Pest Control Code  (from list on back)
Plum Canyon <input checked="" type="checkbox"/> School ELEMENTARY <input type="checkbox"/> Day Care	10	7/19/23 1:55 pm	18	CONTROL SOLUTIONS BIFEN I/T	53883-118	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.4</div> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	7/22/23 12:26 pm	18	ZOELON EXITER	89459-41	<div style="border: 1px solid black; padding: 2px; display: inline-block;">.022</div> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	8/26/23 9:01 am	18	BASF PHANTOM	241-392	<div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	9/30/23 11:13 am	18	MGK ONSLAUGHT FAST CAP	1021-2574	<div style="border: 1px solid black; padding: 2px; display: inline-block;">.078</div> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	10/3/23 7:56 am	18	MGK ONSLAUGHT FAST CAP	1021-2574	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1</div> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		10

REPORT PREPARED BY JEAN P. LURE DIBROT DATE 1-30-24

# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

STATE OF CALIFORNIA  
DPR-ENF-117 (REV. 12/16)  
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DEPARTMENT OF PESTICIDE REGULATION  
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR	BUSINESS REGISTRATION/LICENSE/CERTIFICATE #	BUSINESS/OPERATOR NAME					
2023	PR4604	VertexPest Solutions					
BUSINESS ADDRESS			CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER	
24307 Magic Mountain Pkwy #132			Valencia	CA	91355	6617757773	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location  (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
PLUM CANYON ELEMENTARY <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	10/28/23 2:45 pm	18	MCK ONSLAUGHT FAST CAP	1021-2574	.078 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	11/17/23	18	AMUAC WISDOM LAWN GRANULATE	5481-521	4 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input checked="" type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	12/23/23 7:15 am	18	MCK ONSLAUGHT FAST CAP	1021-2574	.016 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10		18			 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10		18			 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

REPORT PREPARED BY JEAN PIERRE DUBROT DATE 1-30-24

# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

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APPLICATION YEAR	BUSINESS REGISTRATION/LICENSE/CERTIFICATE #	BUSINESS/OPERATOR NAME					
2023	PR4604	VertexPest Solutions					
BUSINESS ADDRESS			CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER	
24307 Magic Mountain Pkwy #132			Valencia	CA	91355	6617757773	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
Rio Vista ELEMENTARY <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	5	7/22/23 10:55 am	18	ZOELON EXITER	89459-41	.02  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	8/16/23 6:55 pm	18	MGR ONSLAUGHT FAST CAP	1021-2574	.03  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	9/02/23 5:57 pm	18	NAVIGATOR SC AMVAC	931P2-23	.05  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	9/02/23 5:57 pm	18	MGR ONSLAUGHT FAST CAP	1021-2574	.07  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	9/30/23	18	MGR ONSLAUGHT FAST CAP	1021-2574	.07  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

REPORT PREPARED BY JEAN PIERRE D'AROT

DATE 1-30-24



# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

STATE OF CALIFORNIA  
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DEPARTMENT OF PESTICIDE REGULATION  
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR <b>2023</b>	BUSINESS REGISTRATION/LICENSE/CERTIFICATE # <b>PR4604</b>	BUSINESS/OPERATOR NAME <b>VertexPest Solutions</b>					
BUSINESS ADDRESS <b>24307 Magic Mountain Pkwy #132</b>			CITY <b>Valencia</b>	STATE <b>CA</b>	ZIP CODE <b>91355</b>	BUSINESS PHONE NUMBER <b>6617757773</b>	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
<b>RIO VISTA ELEMENTARY</b> <input checked="" type="checkbox"/> School <input type="checkbox"/> Day_Care	<b>18</b>	<b>10/4/23 9:49 am</b>	<b>18</b>	<b>WILCO FOPHER GETTER TYPE 2</b>	<b>36029-27</b>	<b>20</b> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	<b>30</b>
<b>11</b> <input checked="" type="checkbox"/> School <input type="checkbox"/> Day_Care	<b>10</b>	<b>10/28/23 9:35 am</b>	<b>18</b>	<b>MGK ONSLAUGHT FAST CAP</b>	<b>1021-2574</b>	<b>0.08</b> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	<b>10</b>
<b>11</b> <input checked="" type="checkbox"/> School <input type="checkbox"/> Day_Care	<b>10</b>	<b>11/18/23 2:58 pm</b>	<b>18</b>	<b>AM VAC WISDOM LAWN GRANULAR</b>	<b>5481-521</b>	<b>3</b> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input checked="" type="checkbox"/> LB	<b>10</b>
<b>11</b> <input checked="" type="checkbox"/> School <input type="checkbox"/> Day_Care	<b>10</b>	<b>12/23/23 11:10 am</b>	<b>18</b>	<b>MGK ONSLAUGHT FAST CAP</b>	<b>1021-2574</b>	<b>0.016</b> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	<b>10</b>
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day_Care	<b>10</b>		<b>18</b>			<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	<b>10</b>

REPORT PREPARED BY JEAN PIERRE D'BROT

DATE 1-30-24

# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

STATE OF CALIFORNIA  
DPR-ENF-117 (REV. 12/16)  
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DEPARTMENT OF PESTICIDE REGULATION  
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR	BUSINESS REGISTRATION/LICENSE/CERTIFICATE #	BUSINESS/OPERATOR NAME						
2023	PR4604	VertexPest Solutions						
BUSINESS ADDRESS				CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER	
24307 Magic Mountain Pkwy #132				Valencia	CA	91355	6617757773	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)		Pest Control Code  (from list on back)
ROSEDELL ELEMENTARY <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	10	7/22/23 1:10 pm	18	ZOECON EXITER	89459-41	.02 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		10
<input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	10	9/3/23 5:24 pm	18	AMVAC NAVIGATOR SC MGE ONSLAUGHT FASTCAP	93182-23 <del>1021-2574</del>	.016 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		10
<input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	10	9/3/23 5:24 pm	18	MAR ONSLAUGHT FAST CAP	1021-2574	.026 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		10
<input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	10	9/16/23 7:48 am	18	AMVAC NAVIGATOR SC.	93182-23	.069 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		10
<input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	10	9/30/23 12:05 pm	18	MAR ONSLAUGHT FAST CAP	1021-2574	.078 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		10

REPORT PREPARED BY JEAN PIERRE D'ARROT DATE 1-30-24

# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

STATE OF CALIFORNIA  
DPR-ENF-117 (REV. 12/16)  
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DEPARTMENT OF PESTICIDE REGULATION  
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APPLICATION YEAR	BUSINESS REGISTRATION/LICENSE/CERTIFICATE #	BUSINESS/OPERATOR NAME					
2023	PR4604	VertexPest Solutions					
BUSINESS ADDRESS			CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER	
24307 Magic Mountain Pkwy #132			Valencia	CA	91355	6617757773	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location  (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
ROSEDELL ELEMENTARY <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	10/28/23 12:34 pm	18	MGR ONSLAUGHT FAST CAP	1021-2579	.078 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
" <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	11/18/23 8:52 am	18	MGR ONSLAUGHT FAST CAP	1021-2579	.097 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
" <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	12/23/23 10:35 am	18	MGR ONSLAUGHT FAST CAP	1021-2579	.016 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10		18			<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10		18			<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

REPORT PREPARED BY JEAN PIERRE D'AROT

DATE 1-30-24

# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

APPLICATION YEAR	BUSINESS REGISTRATION/LICENSE/CERTIFICATE #	BUSINESS/OPERATOR NAME					
2023	PR4604	VertexPest Solutions					
BUSINESS ADDRESS				CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER
24307 Magic Mountain Pkwy #132				Valencia	CA	91355	6617757773
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
SANTA CLARITA <input checked="" type="checkbox"/> School ELEMENTARY <input type="checkbox"/> Day_Care	10	6/13/23 2:55 pm	18	ZOECON EXITER	89459-41	.005 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
// <input checked="" type="checkbox"/> School <input type="checkbox"/> Day_Care	10	6/13/23 1:55 pm	18	CONTROL SOLUTIONS TAURUS SC.	53883-279	.024 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
// <input checked="" type="checkbox"/> School <input type="checkbox"/> Day_Care	10	6/13/23 1:55 pm	18	BAYER TEMPO ULTRA WP	432-1304	.028 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
// <input checked="" type="checkbox"/> School <input type="checkbox"/> Day_Care	10	7/22/23 1:52 pm	18	CONTROL SOLUTIONS BIFEN I/T	53883-118	 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
// <input checked="" type="checkbox"/> School <input type="checkbox"/> Day_Care	10	8/16/23 10:33 pm	18	BASF PHANTOM	241-392	 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

REPORT PREPARED BY JEAN PIERRE D'IBROT

DATE 1-30-24

# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

STATE OF CALIFORNIA  
DPR-ENF-117 (REV. 12/16)  
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DEPARTMENT OF PESTICIDE REGULATION  
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APPLICATION YEAR	BUSINESS REGISTRATION/LICENSE/CERTIFICATE #	BUSINESS/OPERATOR NAME					
2023	PR4604	VertexPest Solutions					
BUSINESS ADDRESS			CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER	
24307 Magic Mountain Pkwy #132			Valencia	CA	91355	6617757773	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Applicaton Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
SANTA CLARITA ELEMENTARY <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	8/19/23 5:44pm	18	CONTROL SOLUTIONS BIFEN I/T	53883-118	42 <input checked="" type="checkbox"/> (vol.) OZ ML PT <input type="checkbox"/> (wt.) GR OZ LB	10
" <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	8/28/23 4:28 pm	18	MGR ONSLAUGHT FAST CAP	1021-2574	0.077 <input checked="" type="checkbox"/> (vol.) OZ ML PT <input type="checkbox"/> (wt.) GR OZ LB	10
" <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	9/18/23 1:52pm	18	CONTROL SOLUTIONS BIFEN I/T	53883-118	192 <input checked="" type="checkbox"/> (vol.) OZ ML PT <input type="checkbox"/> (wt.) GR OZ LB	10
" <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	9/22/23 5:37pm	18	AMUAC NAVIGATOR SC	93182-23	0.013 <input checked="" type="checkbox"/> (vol.) OZ ML PT <input type="checkbox"/> (wt.) GR OZ LB	10
" <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	10/04/23 8:02 am	18	MGR ONSLAUGHT FAST CAP	1021-2574	2.6 <input checked="" type="checkbox"/> (vol.) OZ ML PT <input type="checkbox"/> (wt.) GR OZ LB	10

REPORT PREPARED BY JEAN PIERRE DIBROT DATE 1-30-24

# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

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PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR	BUSINESS REGISTRATION/LICENSE/CERTIFICATE #	BUSINESS/OPERATOR NAME					
2023	PR4604	VertexPest Solutions					
BUSINESS ADDRESS			CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER	
24307 Magic Mountain Pkwy #132			Valencia	CA	91355	6617757773	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
SANTA CLARITA <input checked="" type="checkbox"/> School ELEMENTARY <input type="checkbox"/> Day Care	10	10/4/23 8:40 am	10	WILCO GOMPER GETER TYPE 2	36029-29	50 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30
" <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	10/14/23 9:09 am	18	AMVAC NAVIGATOR SC.	9382-23	2.9 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
" <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	10/26/23 10:53 am	18	AMVAC NAVIGATOR SC.	93182-23	.053 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
" <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	11/18/23 4:50 am	18	WISDOM LAWN GRANULAN AMVAC	5481-524	9 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input checked="" type="checkbox"/> LB	10
" <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	12/09/23 7:37 am	18	CONTROL SOLUTIONS BIFEN I/4	53883-118	9 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

REPORT PREPARED BY JENN RENNE DIRROT

DATE 1-30-24

# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

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PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR	BUSINESS REGISTRATION/LICENSE/CERTIFICATE #	BUSINESS/OPERATOR NAME					
2023	PR4604	VertexPest Solutions					
BUSINESS ADDRESS			CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER	
24307 Magic Mountain Pkwy #132			Valencia	CA	91355	6617757773	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
SKY BLUE MESA ELEMENTARY <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	7/22/23 11:43 am	18	ZOECON EXITER	89459-41	<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB .022	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	9/02/23 7:09 pm	18	MCK ONSLAUGHT FAST CAP	1021-2574	<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB .078	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	9/30/23 9:32 am	18	MCK ONSLAUGHT FAST CAP	1021-2574	<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB .078	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	10/28/23 1:44 pm	18	MCK ONSLAUGHT FAST CAP	1021-2574	<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB .078	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	11/18/23 2:28 pm	18	ADM UAC WISDOM LAWN GRANULAR	3481-521	<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input checked="" type="checkbox"/> LB 3.7	10

REPORT PREPARED BY JEAN PIERRE DUBROT

DATE 1-30-24

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APPLICATION YEAR	BUSINESS REGISTRATION/LICENSE/CERTIFICATE #	BUSINESS/OPERATOR NAME					
2023	PR4604	VertexPest Solutions					
BUSINESS ADDRESS			CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER	
24307 Magic Mountain Pkwy #132			Valencia	CA	91355	6617757773	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
SkyView MESA <input checked="" type="checkbox"/> School ELEMENTARY <input type="checkbox"/> Day Care	10	12/23/23 9:35 am	18	MGK ONSLAUGHT FAST CAP	1021-2579	.016 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10		18			<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10		18			<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10		18			<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10		18			<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

REPORT PREPARED BY JENN PIERRE D. BROU

DATE 1-30-24



# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

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APPLICATION YEAR	BUSINESS REGISTRATION/LICENSE/CERTIFICATE #	BUSINESS/OPERATOR NAME					
2023	PR4604	VertexPest Solutions					
BUSINESS ADDRESS			CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER	
24307 Magic Mountain Pkwy #132			Valencia	CA	91355	6617757773	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
TESORO DEL VALLE ELEMENTARY <input checked="" type="checkbox"/> School <input type="checkbox"/> Day_Care	10	7/29/23 8:54 am	18	CONTROL SOLUTIONS BIFEN I/H	53883-118	4.8 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day_Care	10	8/5/23 8:36 am	18	CONTROL SOLUTIONS BIFEN I/H	53883-118	4.8 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day_Care	10	8/17/23 11:46 pm	18	BASF PHANTOM	241-392	.018 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day_Care	10	8/28/23 4:00 pm	18	AMVAC NAVIGATOR SC	93182-23	.024 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day_Care	10	9/2/23 9:03 am	18	CONTROL SOLUTIONS BIFEN I/H	53883-118	3.8 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

REPORT PREPARED BY JEAN PIERRE DUBROT

DATE 1-30-24

# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

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DEPARTMENT OF PESTICIDE REGULATION  
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APPLICATION YEAR	BUSINESS REGISTRATION/LICENSE/CERTIFICATE #	BUSINESS/OPERATOR NAME					
2023	PR4604	VertexPest Solutions					
BUSINESS ADDRESS			CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER	
24307 Magic Mountain Pkwy #132			Valencia	CA	91355	6617757773	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
TESORO DEL VALLE ELEMENTARY <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	9/2/23 9:03 am	18	BASF PHANTOM	241-392	.4 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
" <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	10/14/23 5:55 am	18	AMVAC NAVIGATOR SC	9382-23	2.9 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
" <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	10/28/23 11:46 am	18	AMVAC NAVIGATOR SC	9382-23	.02 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
" <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	11/18/23 11:40 am	18	AMVAC WISDOM LAWN GRANULAR	5481-521	5 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input checked="" type="checkbox"/> LB	10
" <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	12/9/23 5:54 am	18	CONTROL SOLUTIONS BIFEN I/4	53883-118	3.4 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

REPORT PREPARED BY JEAN PIERRE DUBOIS

DATE 1-30-24

# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

STATE OF CALIFORNIA  
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APPLICATION YEAR	BUSINESS REGISTRATION/LICENSE/CERTIFICATE #	BUSINESS/OPERATOR NAME						
2023	PR4604	VertexPest Solutions						
BUSINESS ADDRESS				CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER	
24307 Magic Mountain Pkwy #132				Valencia	CA	91355	6617757773	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)		Pest Control Code  (from list on back)
WEST CREEK ACADEMY <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	7/29/23 9:31 am	18	CONTROL SOLUTIONS BIFEN F/4	53883-118	4.8 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		10
 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	8/5/23 8:54 am	18	CONTROL SOLUTIONS BIFEN F/4	53883-118	4.8 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		10
 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	8/17/23 12:23 am	18	DASF PHANTOM	241-392	.03 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		10
 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	9/2/23 9:53 am	18	CONTROL SOLUTIONS BIFEN F/4	53883-118	3.8 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		10
 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	9/16/23 8:43 am	18	MGR ONSLAUGHT FAST CAP	1021-2574	.77 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		10

REPORT PREPARED BY Jean Pierre D'Arnot DATE 1-30-24

# SCHOOL SITE AND CHILD DAY CARE FACILITY PESTICIDE USE REPORTING BY A BUSINESS

STATE OF CALIFORNIA  
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DEPARTMENT OF PESTICIDE REGULATION  
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR <b>2023</b>	BUSINESS REGISTRATION/LICENSE/CERTIFICATE # <b>PR4604</b>	BUSINESS/OPERATOR NAME <b>VertexPest Solutions</b>					
BUSINESS ADDRESS <b>24307 Magic Mountain Pkwy #132</b>			CITY <b>Valencia</b>		STATE <b>CA</b>	ZIP CODE <b>91355</b>	BUSINESS PHONE NUMBER <b>6617757773</b>
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code (list on back)	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
WEST CREEK ACADEMY <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	10/14/23 6:22am	18	AMVAC NAVIGATOR SC	93182-23	2.95 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	10/28/23 12:03pm	18	MGR ONSLAUGHT FAST CAR	1021-2574	.058 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
9 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	11/18/23 12:23pm	18	AMVAC WISDOM LAWN GRANULAR	5481-521	5 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input checked="" type="checkbox"/> LB	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	12/9/23 5:17am	18	CONTRA SOLUTIONS BIFEN ET	53883-1P	4.5 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10		18			 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

REPORT PREPARED BY JEAN PIERRE DBROT DATE 1-30-24