

# NY STATE LAWN CARE CONTRACT

LAWN DOCTOR OF LONG ISLAND  
65 E JEFYRN BLVD  
DEER PARK, NY 11729  
1.800.LAWN DOCTOR  
1.800.529.6362  
(516)586-5528

E-MAIL: CUSTOMERSERVICE@LDLONGISLAND.COM  
APPLICATOR CERTIFICATION # C1869795, T1906755, T1906761  
PESTICIDE BUSINESS APPLICATOR REGISTRATION # 14243

Lawn Doctor of Long Island agrees to provide services including application of fertilizer, weed and insect controls to the lawn areas previously serviced for:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

NUMBER OF SERVICES	TOTAL COST INCLUDING TAX	CONTRACT PERIOD
6		01/01/2026 through 12/31/2026

APPROXIMATE APPLICATION DATES & PRODUCTS WHICH MAY BE APPLIED				
APPLICATION DATES	ALTERNATE DATES	▪ <u>PRODUCT</u> / EPA # / ACTIVE INGREDIENT(S)	* PRECAUTIONARY STATEMENT # (SEE KEY BELOW)	▪ TARGET PESTS
4/13/26 – 5/3/26	5/4/26 – 5/24/26	▪ <u>Bisect L</u> / 34704.955 Bifenthrin	1,2,3,4,5,6,7	▪ Insects
5/25/26 – 6/14/26	6/11/26 – 7/05/26	▪ <u>Bisect L</u> / 34704.955 Bifenthrin	1,2,3,4,5,6,7	▪ Insects
7/06/26 – 7/26/26	7/27/26 – 8/16/26	▪ <u>Bisect L</u> / 34704.955 Bifenthrin	1,2,3,4,5,6,7	▪ Insects
8/17/26 – 9/06/26	9/07/26 – 9/27/26	▪ <u>Bisect L</u> / 34704.955 Bifenthrin	1,2,3,4,5,6,7	▪ Insects

**\* PRECAUTIONARY STATEMENT # KEY**

1. Keep out of reach of children
2. If in eyes, flush with water, get medical attention
3. If swallowed, do not induce vomiting, get medical attention
4. If inhaled, remove individual to fresh air
5. If on skin, wash promptly with soap and water. If irritation develops, get medical attention
6. Stay off treated areas until the spray has dried
7. Keep children and pets off treated areas until this material is washed into the soil and grass is dry

The property owner or owner's agent may request the specific date or dates of the application(s) to be provided and, if so requested the pesticide applicator or business must inform of the specific dates and include that date or dates in the contract. All contracts are cancellable within 7 days in writing sent registered mail to our offices.

Included with this contract is a list of pesticide(s) to be (or may be necessary) including brand names, generic names, active ingredients and any warnings that appear on the label(s) of pesticide(s) to be applied. Pesticide labels have been provided along with this contract. Additional copies of pesticide labels are available upon request. Note: Any "post application" steps required by the label will be provided at the time of the application.

I select the specific date option instead of the planned approximate application(s) date(s) listed in the "Planned Application Dates" table above. I also understand that a new contract will be provided to me with the specific date(s) of applications.

*This contract may be amended by an agreement to provide additional weed, insect or disease control services signed by Lawn Doctor and this purchaser. In the event such amendment(s), all notifications, disclosures and waivers herein will be applicable to and constitute a part of the amendment(s).*

**CUSTOMER SIGNATURE:** \_\_\_\_\_

**(Sign Here)**

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLICATOR SIGNATURE:**



**PLEASE SIGN AND RETURN. NO WEED, INSECT OR DISEASE CONTROL PRODUCTS MAY BE APPLIED IN THE STATE OF NEW YORK WITHOUT A SIGNED CONTRACT.**

**If you would like a copy of the MSDS sheets please call and we will forward them to you.**