

COUNTY _____
 ADDRESS _____
 COUNTY NO. _____

NOTICE OF INTENT TO APPLY RESTRICTED MATERIALS

PERMIT NO. _____

PEST CONTROL OPERATOR			ADDRESS				PERMITTEE		
LOCATION					SEC.	TWN.	RNG.	MAP ID	DATE OF APPLICATION
COMMODITY/SITE		ACRES/UNITS	METHOD		PEST ()				
PESTICIDE	RATE	DILUTION/VOLUME		PESTICIDE	RATE	DILUTION/VOLUME			
1. _____				4. _____					
2. _____				5. _____					
3. _____				6. _____					

ENVIRONMENTAL CHANGES:

ENVIRONMENTAL CHANGES:	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 34%; text-align: center;">TREATMENT AREA</td> <td style="width: 33%;"></td> </tr> <tr> <td style="width: 33%;"></td> <td style="width: 34%;"></td> <td style="width: 33%;"></td> </tr> </table>		TREATMENT AREA				
	TREATMENT AREA						
SUBMITTED BY	DATE	TIME					

REMARKS:

AGRICULTURAL COMMISSIONER: _____ DATE: _____ APPROVED DENIED

DISTRIBUTION: COUNTY AGRICULTURAL COMMISSIONER; PERMITTEE