

APPLICATION - RESTRICTED MATERIALS PERMIT

PERMITTEE _____

FOR POSSESSION ONLY FOR POSSESSION AND USE

PERMIT NO. _____

PERMITTEE ADDRESS	CITY	ZIP	PHONE	TYPE OF PERMIT	EXPIRATION DATE
				<input type="checkbox"/> SEASONAL <input type="checkbox"/> JOB	

PRIVATE APPLICATOR STRUCTURAL PCO AGRICULTURAL PCO COMMERCIAL APPLICATOR

NOTICE OF INTENT REQUIRED MUST BE SUBMITTED AT LEAST _____ HOURS PRIOR TO APPLICATION. METHOD: _____

A. PESTICIDES/PESTS

1. _____	6. _____	11. _____
2. _____	7. _____	12. _____
3. _____	8. _____	13. _____
4. _____	9. _____	14. _____
5. _____	10. _____	15. _____

B. LOCATION	SEC	TWN	RNG	MAP ID	COMMODITY	ACRES/UNITS	PESTICIDES	PESTS	F*	M**	RATE	DILUTION/VOLUME	APPL	DATE/TIME
1.														
2.														
3.														
4.														
5.														
6.														

PCO NAME	ADDRESS	PHONE	PCO NAME	ADDRESS	PHONE
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C. JUSTIFICATION FOR NON-AG USE:

D. CONDITIONS:

<p>I understand that this permit does not relieve me from liability for any damage to persons or property caused by the use of these pesticides. I waive any claim of liability or damages against the County Department of Agriculture based on the issuance of this permit. I further understand that this permit may be revoked when pesticides are used in conflict with the manufacturer's labeling or in violation of applicable laws, regulations, and specific conditions of this permit. I authorize inspection at all reasonable times and whenever an emergency exists by the Department of Pesticide Regulation or the County Department of Agriculture of all areas treated or to be treated, storage facilities for pesticides or emptied containers and equipment used or to be used in used in the treatment. I have considered alternatives and mitigation measures pursuant to Title 3, California Code of Regulations, section 6426. Taking into account economic, environmental, social, and technological factors, I have adopted those that are feasible and would substantially lessen any significant adverse impact on the environment.</p>	<p>*FORMULATION: L--LIQUID B--BAIT D--DUST F--FUMIGANT G--GRANULES WP--WETTABLE POWDER O--OTHER</p> <p>**METHOD: A--AIR GR--GROUND F--FUMIGATION O--OTHER</p>
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APPLICANT _____ SIGNATURE _____ TITLE _____ DATE _____

RESTRICTED MATERIAL PERMIT IS HEREBY GRANTED FOR THE ABOVE MATERIALS.
 APPLICATION DENIED. BY _____ DATE _____