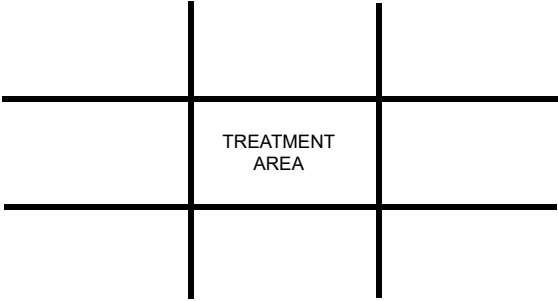


## NOTICE OF INTENT TO APPLY RESTRICTED MATERIALS

COUNTY NO.	SECTION	TOWNSHIP <input type="checkbox"/> N <input type="checkbox"/> S	RANGE <input type="checkbox"/> E <input type="checkbox"/> W	BASE LINE & MERIDIAN <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> H	APPLICATION METHOD <input type="checkbox"/> GROUND <input type="checkbox"/> AIR <input type="checkbox"/> FUME _____ <input type="checkbox"/> OTHER	PROPERTY OPERATOR NAME AND ADDRESS	PEST CONTROL BUSINESS NAME AND ADDRESS <input type="checkbox"/> GROWER APPLIED APPLICATION
OPERATOR ID/PERMIT NUMBER		SITE IDENTIFICATION NUMBER		BLOCK ID (IF APPLICABLE)			
LOCATION							
PROPOSED APPLICATION DATE & TIME		TOTAL ACRES/UNITS TO BE TREATED		CROP/COMMODITY/SITE TO BE TREATED			
NAME OF PRODUCT APPLIED		REGISTRATION NUMBER FROM LABEL		RATE	DILUTION	TARGET PEST	ENVIRONMENTAL CHANGES/COMMENTS
							 <p style="text-align: center;">TREATMENT AREA</p> <p style="text-align: center;">ADJACENT CROPS, SCHOOLS, DWELLINGS, ETC.</p>
APPLIED/SUPERVISED BY		LICENSE/CERTIFICATE NUMBER		EXPIRATION DATE		CATEGORIES	
CERTIFIED APPLICATOR ADDRESS							
SUBMITTED BY		DATE	TIME		PCA NAME		
REVIEWED BY		DATE	TIME		<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		