

# APPLICATION-RESTRICTED MATERIALS PERMIT

FOR POSSESSION ONLY      FOR POSSESSION AND USE

PERMITTEE \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

PERMITTEE ADDRESS _____	CITY _____	ZIP _____	PHONE _____	TYPE OF PERMIT <input type="checkbox"/> SEASONAL <input type="checkbox"/> JOB	EXPIRATION DATE _____
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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. _____	7. _____	13. _____
2. _____	8. _____	14. _____
3. _____	9. _____	15. _____
4. _____	10. _____	16. _____
5. _____	11. _____	17. _____
6. _____	12. _____	18. _____

B. LOCATION	SEC	TWN	RNG	MAP ID	COMMODITY	ACRES/ UNITS	PESTICIDES	PESTS	F*	M**	RATE	DILUTION/ VOLUME	APPL	DATE/ TIMING
1.														
2.														
3.														
4.														
5.														
6.														
7.														

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

**D. CONDITIONS:**

<p><b>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 manufacture'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 the treatment.</b></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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PERMIT APPLICANT \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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

BY \_\_\_\_\_ DATE \_\_\_\_\_