



**AGRICULTURAL COMMISSIONER  
SEALER OF WEIGHTS AND MEASURES**

RUSTY LANTSBERGER

**LETTER OF AUTHORIZATION**

I, \_\_\_\_\_, the permittee for \_\_\_\_\_,  
*(Name of Responsible Party/Owner)* *(Business Name, or Name on Permit)*

authorize \_\_\_\_\_ to operate on my behalf with regard to my  
*(Name of Individual to be authorized)*

Restricted Material Permit or Operator Identification Number \_\_\_\_\_.  
*(Permit or Operator Identification Number)*

Signature \_\_\_\_\_ Title \_\_\_\_\_  
*(Signature of Responsible Party/Owner)* *(Title of Responsible Party)*

Date \_\_\_\_\_

The Authorized Representative named below is authorized to represent me in obtaining a Restricted Materials Permit (RMP) or Operator Identification Number (OIN) for use in Madera County. I understand that this authorization does not relieve me of liability for violations of pesticide laws or regulations on my property and that, as the Permittee, I am responsible for compliance with all permit conditions. This authorization shall remain in effect until I revoke it in writing **or** until the authorized representative withdraws his/her authority in writing to the Agricultural Commissioner.

**Authorized Representative**

I am the property operator's: Employee Relative PCA Other: \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_  
*(Print Name of Authorized Representative)* *(Signature of Authorized Representative)*

Title \_\_\_\_\_ Date \_\_\_\_\_  
*(Title of Authorized Party)*

**AUTHORIZED REPRESENTATIVE**

3CCR 6420 (a): Permits for agricultural use of a restricted material shall be issued in the name of the operator of the property to be treated. The permittee or, when allowed by the commissioner, the permittee's authorized representative or licensed pest control adviser, shall sign the permit. The authorized representative or licensed pest control adviser shall provide the commissioner with written documentation from the permittee to act on his/her behalf.

