

New    Renewal

## Restricted Material Permit/Operator Identification Number Application Form

Permit Name: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Physical Headquarters Location: \_\_\_\_\_

Same as mailing address

Permittee Name: \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Authorized Agent(s) – Person authorized by owner to change/sign permit

1. \_\_\_\_\_  \*LOA Received/On file

2. \_\_\_\_\_  \*LOA Received/On file

Certified Applicator Name: \_\_\_\_\_ License Type: PAC QAC QAL

Phone: \_\_\_\_\_ Cell Office Home    \*LOA: Letter of Authorization

### Permit Application checklist

Do you currently own/lease all sites on the pesticide permit? Yes No

Any sites currently maintained by a Farm Management Company? Yes No

Are pesticides **only** applied by owner/grower? Yes No

Are pesticides applied by employees? Yes No

Will you need to submit a "Pesticides near Schools" notification? Yes No Not sure

Has a Restricted Materials Alternatives form been submitted? Yes No Not sure

Notes: Restricted Materials Alternatives form is required only for Restricted Material Permits. Operator Identification Number permits do not need to submit a Restricted Materials Alternatives form.