NOTICE OF INTENT TO APPLY RESTRICTED MATERIALS

DEPARTMENT OF PESTICIDE REGULATION

☐ NURSERY

COUNTY NO.	SECTION	TOWNSHIP	RANGE	BASE & MERIDIAN	APP. METHOD	PERMITTEE/PROPERTY OPERATOR	APPLICATOR NAME AND ADDRESS
		☐ N ☐ S	☐ E ☐ W	☐ ☐ ☐ S M H	☐ GROUND ☐ AIR ☐ FUME_____ ☐ OTHER		

OPERATOR ID/PERMIT NUMBER	SITE IDENTIFICATION NUMBER	TOTAL PLANTED ACRES/UNITS	
LOCATION		BLOCK ID (IF APPLICABLE)	

DATE/TIME APPLIED PROPOSED	ACTUAL	TOTAL ACRES/UNITS TREATED PROPOSED	ACTUAL	COMMODITY/SITE TREATED

CHEM NO.	MANUFACTURE/NAME OF PRODUCT APPLIED	EPA/CALIF. REGISTRATION NUMBER FROM LABEL	TOTAL PRODUCT USED	RATE	DILUTION	TARGET PEST
			☐ LB. ☐ OZ. ☐ PT. ☐ QT. ☐ GA.			
			☐ LB. ☐ OZ. ☐ PT. ☐ QT. ☐ GA.			
			☐ LB. ☐ OZ. ☐ PT. ☐ QT. ☐ GA.			
			☐ LB. ☐ OZ. ☐ PT. ☐ QT. ☐ GA.			
			☐ LB. ☐ OZ. ☐ PT. ☐ QT. ☐ GA.			

DAYS REENTRY	DAYS PREHARVEST	APPLIED/SUPERVISED BY	

ENVIRONMENTAL CHANGES/COMMENTS

SUBMITTED BY	DATE	TIME	PCA NAME

RECEIVED BY	BOX NUMBER	DATE	☐ APPROVED ☐ DENIED

TREATMENT AREA
N
W   E
S
ADJACENT CROPS, SCHOOLS, DWELLINGS, ETC.

1) CAC Submit to AGRICULTURAL COMMISSIONER at least 24 hours prior to application
2) CAC Submit to AGRICULTURAL COMMISSIONER within 7 days of application
3) APPLICATOR COPY
4) GROWER COPY

Print Form