

COUNTY \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 COUNTY NO. \_\_\_\_\_

## NOTICE OF INTENT TO APPLY RESTRICTED MATERIALS

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

PEST CONTROL OPERATOR			ADDRESS				PERMITTEE			
LOCATION						SEC.	TWN.	RNG.	MAP ID	DATE OF APPLICATION
COMMODITY/SITE			ACRES/UNITS	METHOD		PEST ( )				
PESTICIDE			RATE	DILUTION/VOLUME		PESTICIDE			RATE	DILUTION/VOLUME
1. _____						4. _____				
2. _____						5. _____				
3. _____						6. _____				

ENVIRONMENTAL CHANGES:

ENVIRONMENTAL CHANGES:	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 34%; text-align: center;">TREATMENT AREA</td> <td style="width: 33%;"></td> </tr> <tr> <td style="width: 33%;"></td> <td style="width: 34%;"></td> <td style="width: 33%;"></td> </tr> </table>		TREATMENT AREA				
	TREATMENT AREA						
SUBMITTED BY _____	DATE _____	TIME _____					

REMARKS:

AGRICULTURAL COMMISSIONER: \_\_\_\_\_ DATE: \_\_\_\_\_  APPROVED  DENIED

DISTRIBUTION: COUNTY AGRICULTURAL COMMISSIONER; PERMITTEE

STATE OF CALIFORNIA  
 DEPARTMENT OF PESTICIDE REGULATION  
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