

APPLICATION FOR RESTRICTED MATERIALS PERMIT or
 OPERATOR IDENTIFICATION NUMBER
 NON PRODUCTION AGRICULTURE

SECTION I

Business Name: _____

Business License Number: _____

If applicable, previous Permit / Operator Identification Number: 43- _____ - _____

Name of QAL / QAC Card Holder: _____

Categories Certified: A B C D E F G H I J K L M N (CIRCLE)

Card Number: _____ Expiration Date: _____

Business Address: _____

Street

_____ City _____ State _____ Zip Code

Phone Number(s): (____) _____ (____) _____

Fax Number: (____) _____

SECTION II

Please complete the following chart for each RESTRICTED pesticide you wish to use:

Pesticide Name	Target Pest	Commodity / Site	Alternatives Considered
1.			
2.			
3.			
4.			
5.			
6.			

When do you plan on using pesticides? _____