

New Renewal

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

2. _____ *LOA Received

Certified Applicator Name: _____ License Type: PAC QAC QAL

Phone: _____ Cell Office Home *LOA: Letter of Authorization

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

What dealership do you buy from? _____ Preferred language? _____

Do you use a Farm Labor Contractor (FLC) for: Field work, pesticide work or both?

Check all boxes that apply:

*FLC for field work *FLC for pesticide work

*FLC for field and pesticide work Own employees for field work

Would you like information on filing Use Reports online? Yes No

Will you need to submit Pesticides near schools notification? Yes No I don't know

Do you currently possess Chlorpyrifos products (Lorsban, Vulcan, Govern, Lock-on, Warhawk)? Yes No