

NEW

RENEWAL

Drop off Date: \_\_\_\_\_

Intake Insp: \_\_\_\_\_

Supplement: Yes No

Agent Change: Yes No

Permit Year: \_\_\_\_\_

Version: \_\_\_\_\_

**Tulare County Permit / Operator Identification Number Application**☐ RM Permit

OP ID

Production Ag

Non-Prod Ag / Non-AG

1. Permit Name ("Operator" as shown on permit):	2. Permit Number:
3. Mailing Address for mail regarding this permit:	
4. Physical address where records will be kept: Same as mailing address	
5. Agent's Name (Person signing permit)	6. Primary Phone Number (home or office #):
7. Agent's Mobile Number	8. Agent's License Type (PAC, QAL, etc.):
9. Agent's Email:	License Number Categories
10. Are you (agent) an employee, owner, or Pest Control Business (PCB)? Employee Owner PCB Other: _____	License issue date Exp. date PAC Rodent exam/date

**Owner/Lessee Information**

Same as above

**See Letter of Authorization (LOA)**

11. Owner's Name:	12. Does this person/company own/lease all sites on the pesticide permit? Yes No
13. Owner's Mailing Address:	
14. Owner's Phone Number:	15. Owner's Email:

**Additional Authorized Agents - Other than Permit Agent**

16. Authorized Agent Name: <input type="checkbox"/> LOA Received	17. Phone Number:	18. Lic. Type, Lic. Number, Issue & Expiration Date:
19. Authorized Agent Name: <input type="checkbox"/> LOA Received	20. Phone Number:	21. Lic. Type, Lic. Number, Issue & Expiration Date:

**Location of Pesticide Applications**

25. Are you growing a commodity to sell? Yes No	26. If not growing a commodity to sell, are you growing crops for a dairy? Yes No
27. Are you a facility where commodity fumigation occurs? Yes No	28. If no to 25, 26, & 27, where do you intend to apply pesticides?
29. What type of pesticides will be applied? (Check all boxes that apply) <input type="checkbox"/> General <input type="checkbox"/> Federally Restricted <input type="checkbox"/> California Restricted <input type="checkbox"/> GWPA (Diuron, Bromacil...Etc.)	30. Did you purchase rodent bait (gophers, squirrels, rats, mice) in the previous 2 years? Yes No
31. If you are producing an agricultural commodity, are you within a ¼ mile of a public K-12 school and/or licensed child day care facility (except family day care homes)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know <input type="checkbox"/> N/A	32. Will you need help submitting Pesticides Near School notification? Yes No N/A

**Permit Name:** \_\_\_\_\_ **Permit #:** \_\_\_\_\_

"Operator" as shown on permit

### General Information

33. Do you (the agent) currently own/lease all sites on the pesticide permit? Yes No	39. What dealership do you buy pesticides from?
34. Are sites currently maintained by a Farm Management Company (FMC)? Yes No Name of FMC: _____	40. Do you give permission for this dealership to view your permit online? Yes No
35. Is the Farm Management Company applying pesticides? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	41. Preferred language:
36. Are pesticides applied by a pest control business (PCB)? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of PCB: _____	42. Do you use a Farm Labor Contractor (FLC) for (Check all boxes that apply): <input type="checkbox"/> FLC for field work <input type="checkbox"/> FLC for pesticide work <input type="checkbox"/> N/A - Do not use FLC
37. Are pesticides applied by the person who owns/leases the property and/or their employees? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> Fieldwork includes:  Pruning  Harvesting  Irrigation, etc. </div>
38. Would you like information on filing Use Reports online (Web User login)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	43. Is field work conducted by employees of owner/lessee or permit agent <input type="checkbox"/> Employees of owner/lessee <input type="checkbox"/> Employees of permit agent <input type="checkbox"/> N/A - No employees

I understand that this permit does not relieve me from liability for any damage to persons or property caused by the use of these pesticides. I waive any claim of liability or damages against the County Department of Agriculture based on the issuance of this permit. I further understand that this permit may be revoked when pesticides are used in conflict with the manufacturer's labeling or in violation of applicable laws, regulations, and specific conditions of this permit. I authorize inspection at all reasonable times and whenever an emergency exists by the Department of Pesticide Regulation or the County Department of Agriculture of all areas treated or to be treated, storage facilities for pesticides or emptied containers and equipment used or to be used in the treatment. I have considered alternatives and mitigation measures pursuant to Title 3, California Code of Regulations, section 6426. Taking into account economic, environmental, social, and technological factors, I have adopted those that are feasible and would substantially lessen any significant adverse impact on the environment.

Agent - Person signing permit: \_\_\_\_\_  
(Print Name & Title)

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Renewal (Office Use Only)

Permit Extension Issued: Yes No	Who to contact?
Contact's number:	PCB Registration Attached: Yes N/A PCB Name:
LOA Required for non-owner/lessee agent? Yes No If no, explain:	
Alternatives & Mitigations form required? Yes No Attached? Yes No	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied by Inspector:	
(If denied, write reason for denial in notes)	
Notes:	

# **TULARE COUNTY ALTERNATIVES & MITIGATIONS FOR RESTRICTED MATERIALS PERMITS ONLY**

**Permit Name:** \_\_\_\_\_ **Permit #:** \_\_\_\_\_  
"Operator" as shown on permit

**Supplement**      **Yes**      **No**      **Permit Year:** \_\_\_\_\_ **Version#:** \_\_\_\_\_

## **To: Tulare County Restricted Material Permit Applicants\***

Title 3, of the California Code of Regulations (CCR), section 6426 requires the permit applicant (grower) and his/her pest control adviser to consider **alternatives** to the use of a restricted material before receiving a restricted materials permit. While this specific requirement is directed at agricultural use, the general requirement to consider alternatives applies to all permits. To determine compliance with this requirement, we are asking you, the permit applicant, to identify the alternatives that you considered.

### **Title 3, CCR section 6426 Alternatives and Mitigation Measures.**

(a) Each licensed agricultural pest control adviser and grower, when determining if and when to use a pesticide that requires a permit, shall consider, and if feasible, adopt any reasonable, effective and practical mitigation measure or use any feasible alternative which would substantially lessen any significant adverse impact on the environment. NOTE: Authority cited: Sections 11456, 14005 and 14102, Food and Agricultural Code.

Reference: Sections 11501 and 14006, Food and Agricultural Code.

### **What alternatives to the use of restricted materials have you considered?**


### **What mitigation measures have you considered?**


**Business name:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Applicant is required to complete and submit a new form when adding additional restricted materials to the permit. This form is considered valid until any changes to restricted materials are made to the permit, either by supplement or renewal.