

Changes shown on permit site list See notes
 New Renewal Changes shown on permit maps Drop Off Date _____

Tulare County Permit/Operator Identification Number Application

Operator Non-AG
Permit/OP ID Information PCB/ Farm Management _____

Permit Name (Operator) as shown on permit:	Permit Number:
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Mailing Address for mail regarding this permit:

Physical address where records will be kept: Same as mailing address

Primary Phone Number:	Agent's Mobile Number:
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Agent's Name:	Agent's Lic. Type (PAC, QAL, etc.) Lic. Number & Expiration Date:
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Agent's Email:	Are you an employee or owner? <input type="checkbox"/> Employee <input type="checkbox"/> Owner <input type="checkbox"/> Other _____
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Owner/Lessee Information Same as above

Owner's Name:	Does this person/company own/lease all sites on the pesticide permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Owner's Mailing Address:

Owner's Phone Number:	Owner's Email:
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Authorized Agents-Other than Permit Agent

Authorized Agent Name: <input type="checkbox"/> LOA Received	Phone Number:	Lic. Type, Lic. Number & Expiration Date:
Authorized Agent Name: <input type="checkbox"/> LOA Received	Phone Number:	Lic. Type, Lic. Number & Expiration Date:
Authorized Agent Name: <input type="checkbox"/> LOA Received	Phone Number:	Lic. Type, Lic. Number & Expiration Date:

Location of Pesticide Applications

Are you growing a commodity for commercial purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a facility where commodity fumigation occurs? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If no to both questions, where do you intend to apply pesticides?

What type of pesticides will be applied? <i>(Check all boxes that apply)</i> <input type="checkbox"/> General <input type="checkbox"/> Federally Restricted <input type="checkbox"/> California Restricted <input type="checkbox"/> GWPA (Diuron, Bromacil...Etc.)	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
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Pesticide Notes (Office Use Only)

General Information

Do you (the agent) currently own/lease all sites on the pesticide permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are sites currently maintained by a Farm Management Company (FMC)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of FMC:
Is the FMC applying pesticides? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	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
Are pesticides applied by a pest control business? <input type="checkbox"/> Yes <input type="checkbox"/> No	What dealership do you buy pesticides from?
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	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"/> Both <input type="checkbox"/> N/A
Preferred language	Would you like information on filing Use Reports online (Web user login)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will you need help submitting Pesticides Near School notification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Do you currently possess Chlorpyrifos products (Lorsban, Vulcan, Govern, Lock-on, Warhawk) or any other unregistered products? <input type="checkbox"/> Yes <input type="checkbox"/> No

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 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.

Applicant: _____
(Name & Title)

Applicant Signature: _____ Date: _____

Renewal (Office Use Only)

Permit Extension Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No	Who to contact?
Contact's number:	PCB Registration Attached: <input type="checkbox"/> Yes <input type="checkbox"/> N/A

Approved Denied by Inspector:
(If denied, in notes write reason for denial)

Notes:
