



Tulare County Agricultural Commissioner/Sealer

Tom Tucker, Agricultural Commissioner
Sealer of Weights and Measures

LETTER OF AUTHORIZATION

OPERATOR OF THE PROPERTY/ OWNER (PRINT NAME)

ADDRESS

CITY, STATE ZIP

PHONE

The authorized representative named below may represent me in obtaining a restricted material permit in Tulare County. I understand that this authorization does not relieve me of liability for violations of pesticide laws or regulations on my property. This authorization shall remain in effect until I revoke it in writing to the Agricultural Commissioner.

Signature: _____
OPERATOR OF THE PROPERTY (OWNER)

Date: _____

Title: _____

Permit # _____

Authorized Representative: _____
PRINT NAME

I am the Property Operator's

Employee; Pest Control Business _____
NAME OF PEST CONTROL BUSINESS

Farm Manager

*No Pesticides applications are allowed by the Farm Management Company. _____
NAME OF FARM MANAGEMENT COMPANY

* A QAL or QAC is required.

I hereby certify that the information above is correct to the best of my knowledge. I understand that in the event of a violation of pesticide laws and regulations, I could be held liable, either separately or together, with the property operator.

Signature: _____ Phone: _____
AUTHORIZED REPRESENTATIVE