

TO: OFFICE OF THE TULARE COUNTY AGRICULTURAL COMMISSIONER/SEALER

**Property Owner, Lessee, etc Information (NOT the Pest Control Business/Permit Applicant Information)**

Name: \_\_\_\_\_  
(PROPERTY OWNER, LESSEE, ETC.)

Permit Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(PROPERTY OWNER, LESSEE, ETC.)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone ( ) \_\_\_\_\_  
(PROPERTY OWNER, LESSEE, ETC.)

**LETTER OF AUTHORIZATION**

I THE UNDERSIGNED HEREBY DESIGNATE  
(NAME) \_\_\_\_\_

Qualifications (Check One):

☐ Employee ☐ Pest Control Business  
☐ Business Name: \_\_\_\_\_

AS MY AUTHORIZED REPRESENTATIVE, WHO HAS FULL AUTHORITY TO SIGN AND OBTAIN A RESTRICTED MATERIALS PERMIT IN MY NAME. MY AUTHORIZED REPRESENTATIVE HAS FULL AUTHORITY TO START, STOP, OR OTHERWISE CONTROL THE USE OF THE PESTICIDES COVERED BY THE PERMIT. I FULLY UNDERSTAND THAT THE PERMIT BECOMES INVALID IF THE SIGNING PERSON CEASES TO BE MY AGENT, AND THAT I MUST REAPPLY FOR A NEW PERMIT. I ALSO FULLY UNDERSTAND THAT AS THE PERMITTEE I AM RESPONSIBLE FOR COMPLIANCE WITH ALL PERMIT CONDITIONS.

**Authorization Expires when the Certification/Licensee of the Authorized Representative Expires or the permit expires whichever comes first.**

**This authorization can be revoked by the Property Owner/Operator at any time**

\_\_\_\_\_  
(PRINT NAME) (TITLE)

\_\_\_\_\_  
(SIGNATURE) (DATE)