

NOTICE OF INTENT TO APPLY RESTRICTED MATERIALS

COUNTY NO.	SECTION	TOWNSHIP <input type="checkbox"/> N <input type="checkbox"/> S	RANGE <input type="checkbox"/> E <input type="checkbox"/> W	BASE LINE & MERIDIAN <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> H	APPLICATION METHOD <input type="checkbox"/> GROUND <input type="checkbox"/> AIR <input type="checkbox"/> FUME _____ <input type="checkbox"/> OTHER	PROPERTY OPERATOR NAME AND ADDRESS	PEST CONTROL BUSINESS NAME AND ADDRESS <input type="checkbox"/> GROWER APPLIED APPLICATION	
OPERATOR ID/PERMIT NUMBER			SITE IDENTIFICATION NUMBER		BLOCK ID (IF APPLICABLE)			
LOCATION								
PROPOSED APPLICATION DATE & TIME		TOTAL ACRES/UNITS TO BE TREATED		CROP/COMMODITY/SITE TO BE TREATED				
NAME OF PRODUCT APPLIED			REGISTRATION NUMBER FROM LABEL		RATE	DILUTION	TARGET PEST	ENVIRONMENTAL CHANGES/COMMENTS
APPLIED/SUPERVISED BY			LICENSE/CERTIFICATE NUMBER		EXPIRATION DATE		CATEGORIES	
CERTIFIED APPLICATOR ADDRESS								
SUBMITTED BY			DATE		TIME		PCA NAME	
REVIEWED BY			DATE		TIME		<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	

TREATMENT AREA

ADJACENT CROPS, SCHOOLS, DWELLINGS, ETC.