

RESTRICTED-USE PESTICIDE PERMISSION NOTICE

Date: _____

Name of Certified Applicator: _____

Address: _____

City: _____ State _____ Zip _____

Certification Number _____

Expiration Date of Certification: _____

Pesticide/Product Name _____

Amount to be Picked up/Purchased _____

Date to be Picked up/Purchased _____

Individual who will be picking up and/or purchasing restricted-use pesticides to be applied by me:

Name: _____

Address: _____

City: _____ State _____ Zip _____

(Certified Applicator Signature)

A copy of this notice is to be filed as part of the required restricted-use pesticide dealer records.