

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 that I will apply:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

(Certified Applicator Signature)

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