

**APPLICATION FOR RESTRICTED
MATERIALS PERMIT
PEST CONTROL BUSINESS**

SECTION I

Business Name: _____

Business License Number: _____

Name of QAL / QAC Card Holder: _____

Categories Certified: A B C D E F G H I J K L M N (CIRCLE)

Card Number: _____ Expiration Date: _____

Business Address: _____

Street

_____ City

_____ State

_____ Zip Code

Phone Number(s): (____) _____ (____) _____

SECTION II

IIA If you plan on purchasing / storing / transporting / applying any RESTRICTED pesticide to an agricultural setting (Production Agriculture, Golf Courses, Parks, Cemeteries, or Right-of-Ways), please complete the chart below. *(Before applying any pesticides, assure your client has renewed their permit or you have their site listed on your permit!)*

* If you will NOT be purchasing, transporting, or storing RESTRICTED pesticides, but will apply RESTRICTED pesticides under a permit possessed by a grower or property operator, you do not need to complete the chart below)

IIB If you plan on using RESTRICTED pesticides in a non-agricultural setting (Residential Pest Control), please complete the chart below.

Pesticide Name	Target Pest	Commodity/Site	Alternatives Considered
1.			
2.			
3.			
4.			

When do you plan on using RESTRICTED pesticides? _____