

Restricted-Use Pesticide Permission Notice

Date: _____

Name of Certified Applicator: _____

Address: _____

City: _____ State: _____ Zip: _____

Certification Number: _____

Certification Expiration Date: _____

Pesticide Name: _____

Date To Be Picked Up: _____

Individual who will be picking up restricted-use pesticides to be applied by me or under my direct supervision:

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.