#### 2018 PRIVATE APPLICATOR APPLICATION FOR AN OPERATOR IDENTIFICATION NUMBER OR RESTRICTED MATERIALS PERMIT

#### **SECTION I**

Business or Farm Name:	
If applicable, last year's Permit / Operator Identification	on Number: <u>43-17-</u>
Name of Authorized Person / Agent:	
Private Applicator Card Number (If applicable):	Expires:
Address:	
Phone Number(s): () (	_)
E-mail address:	

#### I UTILIZE CHEMIGATION AS AN APPLICATION METHOD (Circle one) YES NO

## **SECTION II**

Please list below each location and crop upon which you plan to use any pesticides. Be sure to include each growing location and acreage. Additional sheets of paper may be used if necessary.

Site	Growing Location and APN No.	Acres / Units	Commodity / Crop
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			

## **SECTION III – RESTRICTED PESTICIDES**

Please complete this section listing each <u>RESTRICTED PESTICIDE</u> you wish to use:

Pesticide	Formulation	Commodity / Crop	Target Pest	Method of Application Ground Air		Alternatives Considered	

\*Additional sheets of paper may be used if necessary.

# **SECTION IV**

Do you use a pest control operator to apply your pesticides?	YES	NO 🗆
If YES, name of PCO:		
Are any pesticides applied by your employees?	YES	NO 🗖
Are any pesticides applied by you, the Farm Owner?	YES	NO 🗖
Do you store pesticides in Santa Clara County?	YES	NO 🗆
If YES, at what location?		

When are you planning to start using pesticides in 2018?