

New Restricted Material Permit/ID# Applicants Questionnaire

Business or Ranch Name: _____

Last Name*: _____ First Name*: _____ M.I.: _____

List below property to be treated:

Section: _____ Township: _____ Range: _____ Parcel Number: _____

Mailing Address*: _____

Physical Address*: _____

Home*: _____ Business*: _____

Cell*: _____ Fax*: _____

Email*: _____

Do you want to use restricted materials? _____

Only non-restricted materials? _____

Both (non and restricted)? _____

Do you have a well*? _____

List crops grown*: _____

Is location of crops/pasture same as above address? _____

Acreage or units for each crop: _____

Do you irrigate your crops/pasture*? Yes No

Do you use a Chemigation Valve to add pesticides to irrigation water*? Yes No

Do you have employees*? Yes No Does employee handle pesticides*? Yes No

Do you use a Farm Labor Contractor*? Yes No

Do you have a Qualified Applicators Certificate or Licensee from the State*? Yes No

If so, what is the number? _____

Do you use a Pest Control Business to do your spraying? If so, please list who: _____

PLEASE RETURN THIS FORM WITH YOUR SIGN-UP FORM

El Dorado County Department of Agriculture, Weights and Measures

Fax number: (530)626-4756

* asterisk indicates mandatory field (if applicable)