

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: _____

Phones:

Home: _____

Business: _____

Cell or Mobile: _____

Fax: _____

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 have a Qualified Applicators Certificate or Licensee from the State?

Yes No 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