

***Intent to Apply Pesticides***

Date: \_\_\_\_\_ Facility: \_\_\_\_\_

Specific Location in/near Facility: \_\_\_\_\_

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Type of Pesticide (circle): Insecticide    Rodenticide    Herbicide

Other (specify): \_\_\_\_\_

Brand Name or Common Name: \_\_\_\_\_ EPA Registration Number: \_\_\_\_\_

Requested Application Date: \_\_\_\_\_ Time Requested: \_\_\_\_\_

Length of Time Required To Stay Out/off Treated Area: \_\_\_\_\_

Name of Certified Applicator Involved: \_\_\_\_\_

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