

COUNTY DEPARTMENT OF AGRICULTURE



Office: ()

Fax: ()

Recorder (NOI's): ()

OPERATOR IDENTIFICATION NUMBER

Operator Identification #:

County District #:

Expiration Date: December 31,

Effective Date:

Home Phone: ()

Shop Phone:

Mobile Phone: ()

Fax: ()

Permittee Type: QAC/QAL

Sample

QAL#

Conditions:

I understand that this permit does not relieve me from liability for any damages to any persons or property caused by the use of these pesticides. I waive any claims of liability for damages against the County Department of Agriculture based on the issuance of this permit. I further understand that this permit may be revoked when pesticides are used in conflict with the manufacturer's labeling or in violation of applicable laws, regulations and specific conditions of this permit. I authorize inspection at all reasonable times and whenever an emergency exists by the Department of Pesticide Regulation or the County Department of Agriculture of all areas treated or to be treated, storage facilities for pesticides or emptied containers and equipment used or to be used in the treatment. I have considered alternatives and mitigation measures pursuant to Title 3, California Code of Regulations, section 6426. Taking into account economic, environmental, social, and technological factors, I have adopted those that are feasible and would substantially lessen any significant adverse impact on the environment.
[Form PR-ENF-125 (Rev. 11/06) Pesticide Enforcement Branch]

Permit Applicant: _____
(Please Print)

Signed: _____

Title: _____
(Please Print)

Issue Date: _____

Issuing Officer: _____

Issue Date: _____