



Office:

Fax:

Recorder (NOI's):

RESTRICTED MATERIALS PERMIT

** 2nd. Page is needed for this type of R.M.P. **

Permit Number:

County District #:

Expiration Date: December 31,

Effective Date:

Home Phone: () -

Shop Phone: ()

Mobile Phone: () -

Fax:

Sample

Permittee Type: QAC/QAL

Permit Type: Seasonal

Possession: Possession & Use

NOI Method of Submission:

Phone: X Fax: X Box:

In Person: X Modem: Web:

NOI required 24 hours prior to application.

Conditions:

See end of permit for code descriptions.

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: _____

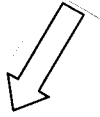
Permitee:

Permit Number:

Employees handle pesticides.

<u>Contact Name</u>	<u>License</u>	<u>Code</u>	<u>Exp. Date</u>	<u>Phone Number</u>	<u>Contact Type</u>
					Pest Control Advisor
					Qualified Applicator Certifie
					Grower-Permittee

** Target needs the list of Pesticides included **



PERMIT PESTICIDES

<u>Number</u>	<u>Pesticide</u>	<u>Pests</u>	<u>Forms</u>	<u>Methods</u>	<u>Applicators</u>
	BANVEL	WEEDS	Liquid	Ground	PCO
	ALUMINUM PHOSPHIDE	RODENTS	Granules	Ground	PCO
	NON-PERMIT AG PROD	RODENTS	Liquid	Ground	Employee

PERMIT SITES

<u>Site</u>	<u>Location/Site Narrative</u>	<u>District</u>	<u>Section</u>	<u>Town</u>	<u>Range</u>	<u>Meridian</u>
	<u>Crop</u>		<u>Quantity</u>	<u>Units</u>		
			0			
			0			
			0			
			0			



FOR POSSESSION ONLY

FOR POSSESSION AND USE

PERMIT NO. _____

PERMITTEE ADDRESS _____

CITY _____

ZIP _____

PHONE _____

TYPE OF PERMIT _____

EXPIRATION _____

SEASONAL

JOB

DATE _____

PRIVATE APPLICATOR

STRUCTURAL PCO

AGRICULTURAL PCO

COMMERCIAL APPLICATOR

NONE - SITE PERMIT ONLY

NOTICE OF INTENT REQUIRED MUST BE SUBMITTED AT LEAST _____ HOURS PRIOR TO APPLICATION. METHOD: _____

A. PESTICIDES/PESTS

- | | | |
|-----------------------------------|-----------|-----------|
| 1. _____ | 7. _____ | 13. _____ |
| 2. <u>2,4D/ WEEDS</u> | 8. _____ | 14. _____ |
| 3. <u>Zink phosphide/ mollusc</u> | 9. _____ | 15. _____ |
| 4. _____ | 10. _____ | 16. _____ |
| 5. _____ | 11. _____ | 17. _____ |
| 6. _____ | 12. _____ | 18. _____ |

Sample

B. LOCATION

1.	2.	3.	4.	5.	6.	7.	SEC	TWN	RNG	MAP ID	CITY	ACRES/ UNITS	PESTICIDES	PESTS	F*	M**	RATE	DILUTION/ VOLUME	APPL	DATE/ TIMING
PCO NAME	ADDRESS					PHONE	PCO NAME	ADDRESS					PHONE							

C. JUSTIFICATION FOR NON-AG USE:

D. CONDITIONS:

I understand that this permit does not relieve me from liability for any damage to persons or property caused by the use of these pesticides I waive any claim of liability or 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.

Lobbyist Ordinance: I am familiar with the requirements of Los Angeles County's Lobbyist Ordinance No. 930031.

*Formulation: L--Liquid B--Bait D--Dust
F--Fumigant G--Granules
WP--Wettable Powder O--Other

**Method: A--Air Gr--Ground
F--Fumigation O--Other

PERMIT APPLICANT _____ SIGNATURE _____ TITLE _____ DATE _____

RESTRICTED MATERIAL PERMIT IS HEREBY GRANTED FOR THE ABOVE MATERIALS. APPLICATION DENIED.

DISTRIBUTION: WHITE & YELLOW - COUNTY; PINK - PERMITTEE

BY _____ DATE _____