

Agricultural Commissioner Korinne M. Bell

Camarillo: 555 Airport Way, Suite E (805) 388-4222

Santa Paula: 815 E. Santa Barbara Street P.O. Box 889, Santa Paula, CA 93060

(805) 933-2926

Authorized Representative Form

Permit Name:	Permit/ OPID #:
Property Owner/Operator Name:	Title:
Address:	
City, State, Zip:	Phone #:
understand that this authorization does not reli on my property and that this authorization will	ay represent me in obtaining a restricted material permit. I eve me of liability for violations of pesticide laws or regulations remain in effect until I revoke it in writing to the Agricultural is the certified applicator for the permit, and leaves the
This form may also be used to authorize the person named below to obtain an operator identification number.	
<u>Property Operator</u>	
Signature:	Date:
Authorized Representative's Name:	
Address:	
City, State, Zip:	Phone:
Employee Pest Control Ad I understand that in the event of violation of pe separately or together with the property operat	sticide laws or regulations I could be held liable either
Signature of Auth.Rep:	Date: