

NOTICE OF INTENT TO APPLY RESTRICTED MATERIALS

<input type="checkbox"/> NURSERY																																																					
COUNTY NO.	SECTION	TOWNSHIP	RANGE	BASE & MERIDIAN	APP. METHOD	PERMITTEE/PROPERTY OPERATOR	APPLICATOR NAME AND ADDRESS																																														
		<input type="checkbox"/> N <input type="checkbox"/> S	<input type="checkbox"/> E <input type="checkbox"/> W	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> H	<input type="checkbox"/> GROUND <input type="checkbox"/> AIR <input type="checkbox"/> FUME <input type="checkbox"/> OTHER																																																
OPERATOR ID/PERMIT NUMBER						SITE IDENTIFICATION NUMBER			TOTAL PLANTED ACRES/UNITS																																												
LOCATION								BLOCK ID (IF APPLICABLE)																																													
DATE/TIME APPLIED PROPOSED		ACTUAL		TOTAL ACRES/UNITS TREATED PROPOSED		ACTUAL		COMMODITY/SITE TREATED																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 8%;">CHEM NO.</th> <th style="width: 28%;">MANUFACTURE/NAME OF PRODUCT APPLIED</th> <th style="width: 28%;">EPA/CALIF. REGISTRATION NUMBER FROM LABEL</th> <th style="width: 10%;">TOTAL PRODUCT USED</th> <th style="width: 8%;">RATE</th> <th style="width: 8%;">DILUTION</th> <th style="width: 8%;">TARGET PEST</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> LB. <input type="checkbox"/> OZ. <input type="checkbox"/> PT. <input type="checkbox"/> QT. <input type="checkbox"/> GA.</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> LB. <input type="checkbox"/> OZ. <input type="checkbox"/> PT. <input type="checkbox"/> QT. <input type="checkbox"/> GA.</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> LB. <input type="checkbox"/> OZ. <input type="checkbox"/> PT. <input type="checkbox"/> QT. <input type="checkbox"/> GA.</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> LB. <input type="checkbox"/> OZ. <input type="checkbox"/> PT. <input type="checkbox"/> QT. <input type="checkbox"/> GA.</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> LB. <input type="checkbox"/> OZ. <input type="checkbox"/> PT. <input type="checkbox"/> QT. <input type="checkbox"/> GA.</td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>												CHEM NO.	MANUFACTURE/NAME OF PRODUCT APPLIED	EPA/CALIF. REGISTRATION NUMBER FROM LABEL	TOTAL PRODUCT USED	RATE	DILUTION	TARGET PEST				<input type="checkbox"/> LB. <input type="checkbox"/> OZ. <input type="checkbox"/> PT. <input type="checkbox"/> QT. <input type="checkbox"/> GA.							<input type="checkbox"/> LB. <input type="checkbox"/> OZ. <input type="checkbox"/> PT. <input type="checkbox"/> QT. <input type="checkbox"/> GA.							<input type="checkbox"/> LB. <input type="checkbox"/> OZ. <input type="checkbox"/> PT. <input type="checkbox"/> QT. <input type="checkbox"/> GA.							<input type="checkbox"/> LB. <input type="checkbox"/> OZ. <input type="checkbox"/> PT. <input type="checkbox"/> QT. <input type="checkbox"/> GA.							<input type="checkbox"/> LB. <input type="checkbox"/> OZ. <input type="checkbox"/> PT. <input type="checkbox"/> QT. <input type="checkbox"/> GA.			
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DAYS REENTRY			DAYS PREHARVEST			APPLIED/SUPERVISED BY			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 34%; text-align: center;">N</td> <td style="width: 33%;"></td> </tr> <tr> <td style="text-align: center;">W</td> <td style="text-align: center;">TREATMENT AREA</td> <td style="text-align: center;">E</td> </tr> <tr> <td></td> <td style="text-align: center;">S</td> <td></td> </tr> </table>				N		W	TREATMENT AREA	E		S																																		
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RECEIVED BY			BOX NUMBER	DATE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		ADJACENT CROPS, SCHOOLS, DWELLINGS, ETC.																																														

- 1) CAC Submit to AGRICULTURAL COMMISSIONER at least 24 hours prior to application
- 2) CAC Submit to AGRICULTURAL COMMISSIONER within 7 days of application
- 3) APPLICATOR COPY
- 4) GROWER COPY

Print Form