

Agricultural Commissioner Korinne Bell

> County Sealer John Beall

Chief Deputy Greta Varien

Authorized Representative Form

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