

**BOARD OF PESTICIDES CONTROL
APPLICATION FOR VARIANCE PERMIT
(Pursuant to Chapter 29, Section 6 of the Board's Regulations)**

I. _____ (_____) _____
Name Telephone Number

Company Name

Address City State Zip

II. Area(s) where pesticide will be applied:

III. Pesticide(s) to be applied:

IV. Purpose of pesticide application:

V. Approximate dates of spray application:

VI. Application Equipment:

