

**BOARD OF PESTICIDES CONTROL
APPLICATION FOR VARIANCE PERMIT
(Pursuant to Chapter 22 of the Board's Regulations)**

I. _____ (_____) _____
Name Telephone Number

Company Name

Address City State Zip

II. _____
Master Applicator License Number

Address City State Zip

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

IV. Pesticide(s) to be applied:

V. Purpose of pesticide application:

VI. Approximate dates of spray application:

