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

I.		Telephone Number			
	Name				
	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:				
		-			

VII.	Application Equipment:
VIII.	. Standard(s) to be varied from:
IX.	Reason for variance:
X.	Method to assure equivalent protection:
	Signed:Date:

Return completed form to: Board of Pesticides Control, 28 State House Station, Augusta, ME 04333-0028

OR E-mail to: pesticides@state.me.us