



**PRIVATE APPLICATOR
RESTRICTED/LIMITED USE
PESTICIDE PURCHASE
VERIFICATION**

Maine Board of Pesticides Control
28 State House Station
Augusta, ME 04333-0028
207-287-2731

This form is only valid after approval by an authorized representative of the Board.

It should be used when the person who purchases (pays for) a restricted or limited use pesticide does not hold a current private applicator license and is not engaged in the daily operation of the farm. This form may be used when a corporate employee or a public or private lender pays the bills. It may not be used by a farm owner who is not licensed. All persons involved must understand that the licensed private applicator shown below must be a regular employee of the specified farm and must provide direct, on-site supervision of each and every application. This licensee is responsible for all aspects of pesticide use including purchase, transportation, storage, application and disposal and is accountable for any mishaps or violations. Furthermore, this person must assure any pesticides purchased for the specified farm are applied only on property owned or leased by that farm.

Effective Period: (Not to exceed one year) **From:** ____/____/____ **To:** ____/____/____

This document certifies that _____ is the licensed private applicator for _____ Farm with an address of _____ in _____, Maine (Zip) _____. Payment(s) for the purchase of limited and/or restricted use pesticides will be made by:

First Name	Last Name	MI	Farm Name
P.O. Box/Street	City	State	Zip

It is agreed that any change in the status of the above named licensed applicator or purchaser will be reported immediately to the Board of Pesticides Control and the Limited/Restricted Use pesticide Dealer providing this form. The licensed pesticide applicator and the purchaser are jointly and severally liable for any damages caused by the use of limited and/or restricted use pesticides.

Signature of Licensed Private Applicator _____

License# _____ *Expiration Date* ____/____/____

Signature of Farm Owner/Purchasing Agent _____

Signature of Licensed Dealer _____

Dealership _____ *Location* _____

The **ENTIRE** form should be mailed to the Board's office in Augusta which will forward it to an appropriate representative of the Board for signature. The Board will then send completed copies to the applicator and dealer.

Signature of Authorized BPC Representative _____

Date: _____