

**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. \_\_\_\_\_  
Master Applicator (if applicable) License Number

\_\_\_\_\_  
Address City State Zip

III. **As part of your application, please send a revegetation plan and digital photos showing the target site and/or plants and the surrounding area, particularly showing proximity to wetlands and water bodies, to [pesticides@maine.gov](mailto:pesticides@maine.gov)**

IV. Area(s) where pesticide will be applied:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

V. Pesticide(s) to be applied:(Including EPA Registration Number)  
\_\_\_\_\_  
\_\_\_\_\_

VI. Purpose of pesticide application:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VII. Approximate dates of spray application:

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VIII. Application Equipment:

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IX. Standard(s) to be varied from:

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X. Method to ensure equivalent protection:

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XI. Revegetation Plan (attach separately if necessary)

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form to: **Board of Pesticides Control, 28 State House Station, Augusta, ME 04333-0028**  
**OR E-mail to: [pesticides@maine.gov](mailto:pesticides@maine.gov)**