

BOARD OF PESTICIDES CONTROL  
REQUEST FOR PERMIT TO APPLY LIMITED-USE PESTICIDE

Please complete this application, add additional comment, if any, and return to Director, Board of Pesticides Control, State House Station #28, Augusta, ME 04333.

1. Applicant

a. Farm or Business Name \_\_\_\_\_

Owner or Agent \_\_\_\_\_ Tel.# \_\_\_\_\_

b. Type of Applicator

/ / Unlicensed; / / Private; / / Commercial; License # \_\_\_\_\_

c. Mailing Address \_\_\_\_\_

d. Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

e. Home Location (rt. no. and miles from designated landmarks) \_\_\_\_\_

f. Name/Address of Proposed Applicator (if different from above)

\_\_\_\_\_ License # \_\_\_\_\_

2. Crop and pest problem to be controlled \_\_\_\_\_

3. Chemical desired to be used \_\_\_\_\_

4. Reason for requesting use of limited-use pesticide \_\_\_\_\_

5. Number of acres to be treated \_\_\_\_\_

6. Estimated date(s) of treatment \_\_\_\_\_

7. Location and detailed description of application site (include adjacent sensitive areas as defined in Chapter 22 of the Board's regulations).

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8. Please attach map, aerial photo or sketch showing areas to be treated and any adjacent sensitive areas.

9. \_\_\_\_\_, agrees to comply with all the  
(Agent or Owner)  
conditions which the Board of Pesticides Control may specify in its permit.

Signature of Authorized Representative \_\_\_\_\_ Date: \_\_\_\_\_

FOR BOARD USE ONLY

Date \_\_\_\_\_ Approved \_\_\_\_\_ Signed \_\_\_\_\_  
Considered \_\_\_\_\_ Disapproved \_\_\_\_\_ Title \_\_\_\_\_