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).

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

9. [Name], agrees to comply with all the conditions which the Board of Pesticides Control may specify in its permit.

Signature of Authorized Representative

Date: __________________

FOR BOARD USE ONLY

Date Considered

Approved

Signed

Disapproved

Title

[Blank lines]