

PRIVATE APPLICATOR APPLICATION  
FOR AN OPERATOR IDENTIFICATION NUMBER OR  
RESTRICTED MATERIALS PERMIT

**SECTION I**

Business or Farm Name: \_\_\_\_\_

If applicable, last year's Permit / Operator Identification Number: 43- - \_\_\_\_\_

Name of Authorized Person / Agent: \_\_\_\_\_

Private Applicator Card Number (If applicable): \_\_\_\_\_ Expires: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

**I UTILIZE CHEMIGATION AS AN APPLICATION METHOD (Circle one) YES NO**

**SECTION II**

Please list below each location and crop upon which you plan to use any pesticides. Be sure to include each growing location and acreage. Additional sheets of paper may be used if necessary.

Site	Growing Location	Acres / Units	Commodity / Crop
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			

## SECTION III – RESTRICTED PESTICIDES

Please complete this section listing each RESTRICTED PESTICIDE you wish to use:

Pesticide	Formulation	Commodity / Crop	Target Pest	Method of Application		Alternatives Considered
				Ground	Air	

\*Additional sheets of paper may be used if necessary.

## SECTION IV

Do you use a pest control operator to apply your pesticides? YES  NO

If YES, name of PCO: \_\_\_\_\_

Are any pesticides applied by your employees? YES  NO

Are any pesticides applied by you, the Farm Owner? YES  NO

Do you store pesticides in Santa Clara County? YES  NO

If YES, at what location? \_\_\_\_\_

When are you planning on using pesticides? \_\_\_\_\_