Intent to Apply Pesticides

Date:___________________
Facility:__________________________________________________________
Specific Location in/near Facility:_______________________________________
____________________________________________________________________
Type of Pesticide (circle): Insecticide  Rodenticide  Herbicide
Other:_____________________________
Name of Chemical and Manufacturer: _______________________________________
Day/Date of Pesticide Application:_______________ Time of Day:_______________
Length of Time to Stay off/out of Treated Area:_____________________________________
Name of Licensed Applicator:_____________________________________________________

COMPLETED FORM SHOULD BE SENT TO IPM COORD. PRIOR TO TREATMENT

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