

## Written Permission to Apply Restricted Materials by Air

This permission is required for any grower that wants to apply restricted pesticides by air within the minimum buffer distances designated by the county Agriculture Department (500 feet for restricted pesticides that have the signal word "Danger" and 300 feet for those that have "Warning," or "Caution"). If you are willing to allow these pesticides to be sprayed within the designated area, please fill out the spaces marked (Resident), (Optional), and sign at the bottom.

I, \_\_\_\_\_, give permission to \_\_\_\_\_ for  
(Resident) (Permittee)  
\_\_\_\_\_ to apply the restricted material(s) \_\_\_\_\_, which is  
(Pest Control Business) (Pesticide(s))  
in the toxicity category \_\_\_\_\_, on approximately \_\_\_\_\_, within the \_\_\_\_\_ foot buffer of my  
(Signal word) (Date) \*  
residence. The applicator, however, shall not make the application closer than \_\_\_\_\_ feet from my residence.  
(Optional)

I fully understand the conditions of application, the nature of the material being applied, and the precautions to be taken while the application is in progress. I further understand that this written permission does not relieve the Permittee and/or Applicator from compliance with all applicable Federal and State pesticide use laws and regulations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\* Enter 500 if the signal word is "Danger"; enter 300 if the signal word is "Warning" or "Caution."

Rev. 2/98

White: Permittee

Yellow: Applicator

Pink: Resident signee

## Autorización Para Aplicar Pesticidas Restringidos Por Via Aérea

Este permiso es requisito para toda compañía o individuo que desea rociar pesticidas restringidos por vía aérea dentro del área de protección designada por el departamento de agricultura del condado (500 pies por pesticidas restringidos que tiene la palabra "Peligro" y 300 pies por los que tienen "Aviso," o "Precaución"). Si usted está de acuerdo en que se rocíe dentro de dicha área, favor de llenar los espacios con (Su nombre), (Opcional), y firmar.

Yo, \_\_\_\_\_, autorizo a \_\_\_\_\_ para que  
(Su nombre) (Permittee)  
\_\_\_\_\_ aplique el(los) pesticida(s) restringido(s) \_\_\_\_\_  
(Pest Control Business) (Pesticide(s))  
que tiene la categoría de toxicidad \_\_\_\_\_, aproximadamente el \_\_\_\_\_, dentro de los \_\_\_\_\_  
(Signal word\*\*) (Date) \*  
pies de mi residencia. No obstante, no se rociará a \_\_\_\_\_ pies de mi residencia.  
(Opcional)

Yo entiendo las condiciones bajo las cuales el pesticida será aplicado, el tipo de pesticida que será usado, y las precauciones que debo tomar durante la aplicación del pesticida. Además, yo entiendo que este permiso no desresponsabiliza al aplicador y/o a la persona que lo contrató, para que cumplan con las leyes y reglamentos estatales y federales a cerca del uso de pesticidas.

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Fecha

\* Enter 500 if the signal word is "Danger"; enter 300 if the signal word is "Warning" or "Caution."

\*\* Write "Peligro" to indicate the signal word "Danger," "Aviso" for "Warning," or "Precaución" for "Caution."

Rev. 2/98

White (blanco): Permittee

Yellow (amarillo): Applicator(dor)

Pink (rosado): Resident(e)