

# 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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