

NOTICE OF INTENT TO APPLY RESTRICTED MATERIALS

OPERATOR ID/PERMIT NO.				METHOD OF APPLICATION AIR <input type="checkbox"/> GROUND <input type="checkbox"/> OTHER <input type="checkbox"/>			PROPOSED DATE OF APPLICATION	
PERMITEE/PROPERTY OWNER				SUBMITTED BY			24 HR WAIVER REQUESTED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
APPLICATOR				CONTACT PHONE			NOI RECEIVED BY	
PEST CONTROL RECOMMENDATION BY				DATE SUBMITTED		TIME SUBMITTED	NOI REVIEWED BY (INSPECTOR)	DATE <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
SITE ID#	CROP	SECTION	TOWNSHIP	RANGE	ACRES PLANTED	CHEMICAL		RATE
LOCATION					ACRES TREATED	TARGET PEST		DILUTION
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