

2018 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: 43-17-_____

Name of Authorized Person / Agent: _____

Private Applicator Card Number (If applicable): _____ Expires: _____

Address: _____

Phone Number(s): (____) _____ (____) _____

E-mail address: _____

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 and APN No.	Acres / Units	Commodity / Crop
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			

