

Application No: _____
Date Received: _____

Special Permit Application-Right-of Way/Forest
NH Division of Pesticide Control
PO BOX 2042 Concord NH 03302-2042

02/2022

OFFICE USE ONLY

Referred to:

	Approve	Disapprove	Signature	Date
Dept. Environ. Services	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Dept. Nat. & Cult. Res.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Fish & Game Department	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
State Entomologist	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Division Public Health	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Div. of Pesticide Control	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Check Here if there are attached comments or conditions, or use space below:

Comments: _____

APPLICANT INFORMATION

Before using this form, see Item 5a

1. Name of applicant (Individual, Municipality, Organization, Firm, or Agency):

Address: _____
City: _____ State: _____ Zip: _____
Tel: _____ Fax: _____ Cell* _____ Lic.# : _____
Rights-of-Way Contact Name: _____
Tel: _____ Cell* _____ E-mail* _____

2. Licensed pesticide applicator(s) (if other than party named in Item 1):

Address: _____
City: _____ State: _____ Zip: _____ E-Mail _____
Tel: _____ Fax: _____ Cell* _____ Lic #: _____

3. Client on whose behalf the application is being made (if other than shown on Items 1 or 2):

Name (Person or Organization): _____
Address: _____
City: _____ State: _____ Zip: _____
Tel: _____ Fax: _____ E-Mail* _____
Contact/Spokesperson (Name/Title (if any)): _____
Tel: _____ Cell* _____ E-Mail* _____

* Cell # and E-mail address Optional

TREATMENT AREA INFORMATION

4. Have there been any previous special permits issued to conduct pesticide applications at this site (whether or not pesticide were actually applied)? Yes No .
If Yes, indicate permit number and year of most recent permit:
Permit #: SP# - _____ Year: _____

5. Description of Treatment Area

a. If this application involves any areas that are subject to setbacks (i.e. from surface waters, public wells, etc.) you may not use this form. Contact the Division @ (603) 271-3550 to get a copy of the correct form.

b. Specify the areas to be treated and the acreage of each (Reference all sites on an attached map): _____

6. Specify the reason or need for the pesticide application: _____

7. Are there any listed* invasive species among the target organisms? Yes , No .
If yes, list by species under 9a. Species must be among those listed below.

* <http://agriculture.nh.gov/publications-forms/documents/prohibited-invasive-species.pdf> as per Agr 3802.01
* <http://agriculture.nh.gov/publications-forms/documents/restricted-invasive-species.pdf> as per RSA 430:53, IV
* Purple Loosestrife and Phragmites

8. Attach a current USGS map of a scale of no less than 1:24000 or 1:25000, if available, showing the following:

- a. Treatment areas (cross reference with blocks listed under 5b, above);
- b. Surrounding areas;
- c. Sensitive areas including:
 - 1) public water-supply wells within 400 feet of the treatment area;
 - 2) Public water supply surface waters;
 - 3) Watersheds of public water supplies;
 - 4) Other surface waters; and
 - 5) Pasture land

9. Description of Pesticide Application:

a. Target organism(s) – (be specific): _____

b. Method(s) of treatment: _____

c. Pesticide(s) to be used **[ATTACH COPIES OF COMPLETE LABELS]**

(1) Name(s) & EPA Reg. #(s) of product(s) _____

(2) Rate(s) of application(s) – by product: _____

d. Treatment schedule (approximate dates – see **Application Deadlines**, p 4):

10. Method of Notification (where applicable – see Pes 505.06): _____

(attach sample of notification to be used and copy of notification request coupon)

SIGNATURES

11. By the signature(s) below, the signatories are certifying that the information on this form is true and correct to the best of their knowledge and belief.

Applicant (Person named under Item 1 of this form):

Signature: _____ Date: _____

* Print or Type Name & (if any) Title: _____

Pesticide Applicator (From Item 2, if you have not already signed as the Applicant)

Signature: _____ Date: _____

*Print or Type Name: _____

Client (Person named on Item 3 of this form):

Signature: _____ Date: _____

*Print or Type Name & (if any) Title: _____

***INCOMPLETE FORMS & FORMS WITH ILLEGIBLY PRINTED NAMES WILL BE RETURNED**

NOTE: An Original, **Signed** Application must be submitted, to include all maps, labels, and support information. One (1) **complete** copy must also be submitted. In some cases applications, or portions thereof, may be submitted electronically. Contact the Division of Pesticide Control to determine the form in which copies may be submitted. **Submit the application to the address shown at the head of this form.** Where electronic copies will be allowed, the appropriate e-mail address will be provided.

Application Deadlines*

To ensure sufficient time to process this permit application it should be submitted no later than the below-specified number of days prior to the **earliest** proposed treatment date, as applicable:

120 Days (where notification under Pes 505.06 is required)

60 Days (where notification under Pes 505.06 is **not** required)

* Programs involving control of listed invasive species are exempt from lead-time requirements; however, the applicant shall provide as much lead time as reasonably possible. The Division shall process all applications in accordance with RSA 541-A:29.

This package contains (please check all that apply):

- Signed, dated, and completed application form with legible name(s)
- Maps of appropriate scale containing all required information
- Copies of **complete** labels of pesticides being proposed
- Copies of notices and notification request coupons, as applicable