

NH DEPARTMENT OF AGRICULTURE, MARKETS & FOOD

Division of Pesticide Control

FEE: \$20

NON-REFUNDABLE

P.O. Box 2042, Concord, NH 03302-2042 (603) 271-3550

PRIVATE APPLICATOR PERMIT APPLICATION

1. REGISTRATION TYPE		Restricted Use							
(please check two)	Initial	General Use							
2. APPLICANT'S NAME									
HOME PHONE	WORK PHONE								
3. MAILING ADDRESS (STREET)									
(TOWN)	(STATE)	(ZIP)							
4. LEGAL RESIDENCE (STREET)									
(TOWN)	(STATE)	(ZIP)							
*CHECK HERE IF YOU ARE A NEW HAMPSHIRE RESIDENT:									
6. NAME OF PROPERTIES WHERE PESTICIDES ARE APPLIED	TOWN	CROP ACRES							
(PI	LEASE COMPLETE OTHER SIDE)								

7. A)	LIST THE NAMES AND ADDRESSES OF THE OWNERS, OFFICERS, OR TRUSTEES OF THE ENTITY APPLYING PESTICIDES, WHETHER OR NOT THE ENTITY IS INCORPORATED.						
	NAME					ADDRESS	
			- 				
В)	LIST THE NAMES AND ADDRESS OF TAPPLICATION OF PESTICIDES.	- THE PERSONS	NS CHARGED WITH		RESPONSIBILITY FOR THE		
	NAME	•				ADDRESS	
	ACCEPTING THIS PERI			D OI	N THE MANUFAC	CTURER'S CURRI	ENT LABELING.
B)	TO REPORT ALL PEST REPORT IS NOT ATTAC	FICIDES USED EACH CHED, BUT IS BEING	YEAR TO T SUBMITTE	HE [D BY	DIVISION BY DEC SOMEONE OTH	CEMBER 1 ST . IF ^T IER THAN YOURS	THE USAGE SELF,
	INDICATE THEIR NAME	HERE					
C)	THAT FALSIFICATION PERMIT.	OF ANY INFORMATIC	ON ON THIS	APF	PLICATION MAY	BE GROUNDS FO	OR <i>DENIAL</i> OF A
	PRINT NAME						
SIGN	ATURE OF APPLICANT						
	DATE_						

NOTE: NO PERMITS WILL BE ISSUED UNLESS SECTIONS1-8 ARE FILLED OUT COMPLETELY AND A USAGE REPORT FORM HAS BEEN SUBMITTED.

REMEMBER: TO RENEW THIS PERMIT EACH AND EVERY YEAR.

TO ATTEND APPROPRIATE RECERTIFICATION SESSIONS.