APPLICATION FOR AUTHORIZED REPRESENTATION FOR RESTRICTED MATERIALS PERMIT OR OPERATOR IDENTIFICATION NUMBER

Commodity Owner's Responsibility Statement

(NOTE: Applications are on an approval basis. Incomplete applications are declined and may delay the process.)

As the legal owner of the agricultural commodity(ies) being produced, I hereby authorize:

_____, who is either (choose at least one):

_____An employee, _____ Pest Control Advisor (License # _____), or _____ Pest Control Operator, (License #_____) to act on my behalf in the following matters pertaining to the California Restricted Materials Permit/Operator Identification Number (OIN) Regulations (choose at lease one):

_____1) Obtain Permit/OIN _____2) Amend Permit/OIN _____3) Submit Notices of Intent

I acknowledge that any Restricted Materials Permit/Operator Identification Number issued to the above-authorized person on my behalf is invalid upon termination of this authorization, and **I agree to immediately notify the County Agricultural Commissioner of said termination.**

I understand, as the legal owner of the agricultural commodity(ies), **I remain ultimately responsible for the compliance with all laws and regulations pertaining to pesticides including this permit or OIN.**

_____ _____

Owner=s Signature Date

_____ _____

Owner=s Printed Name Title

_____ Valid Until Revoked (Check Box) ☐

Ranch or Permit Name (if applicable)

-or-

(_____) Expiration Date: _____

(**Office use only)** Permit/OIN Number Issued

Owner's Ph. Number: (_____) _____- _____. Owner's E Mail Address _____

_____

Owner's Mailing Address City Zip Code

_____ _____

Authorized Representative=s Signature Date

_____ _____

Authorized Representative=s Printed Name Title

_____

Authorized Representative's Street Address City Zip Code

Authorized Representative's Phone Number: (_____) _____- _____

Authorized Representative's Cell Phone Number: (_____) _____-_____

(**office use only**) Application Approved_____ Declined _____

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