



Office of the
Agricultural Commissioner
Sealer of Weights and Measures

Carlos Ortiz
Agricultural Commissioner
Sealer of Weights and Measures

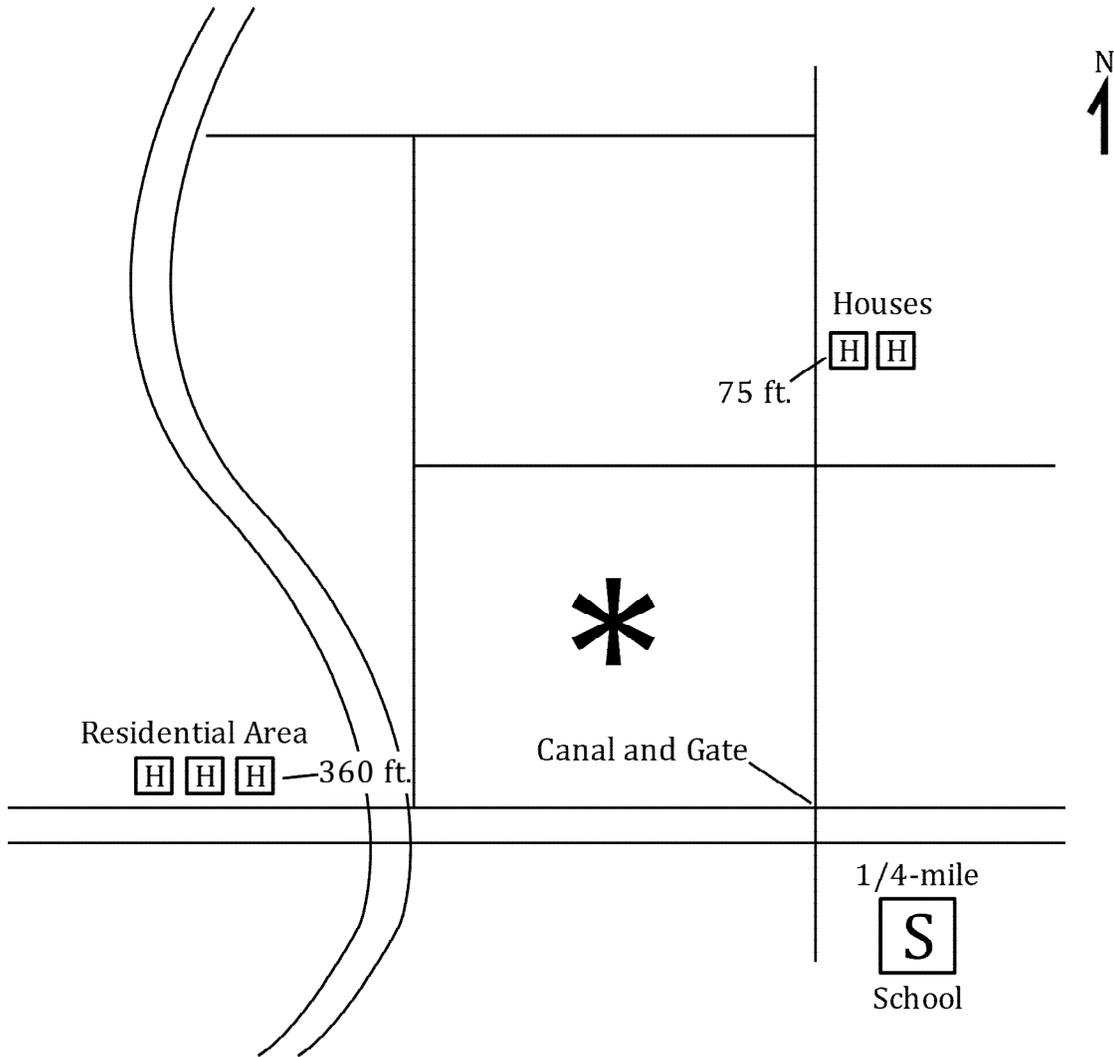
Jolene Dessert
Asst. Agricultural Commissioner
Asst. Sealer of Weights and Measures

2022-23 Operator Identification No. (OIN) Renewal Instructions

1. Fill out and sign the attached Property Operator Acknowledgement Form for each permit. It must be signed by an owner, partner, or officer of the company. An agent granted legal power of attorney, may also sign.
2. Review the attached OIN printout, including contact information, for accuracy. Please include an email address. Put a single line through any information you wish to change and write in the correct information.
 - a. Remove any sites that will not be farmed during the permit year.
 - b. Remove/correct commodities listed. For those sites that will not have a crop in the ground on July 1st or shortly after, list the crop as "uncultivated." Note: Commodities must be specific (head lettuce, leaf lettuce, napa cabbage, etc.).
 - c. Do not include/amend site ID's.
 - d. To add a new site, write in the canal and gate, crop, and pesticides. Use additional paper or supplement forms as needed.
3. Maps
 - a. Two clean, legible maps must be submitted for each site. Please keep a clean original to copy for each year's OIN and make updates to sensitive sites as needed. **Incorrect or rejected maps will delay the review and approval of your OIN.**
 - b. Map Criteria
 - Maps must remain legible upon faxing or photocopying in black and white.
 - Leave a one-inch margin on each side and three inches on the bottom.
 - Orient North to the top of the page.
 - Depict the field(s) and all sensitive sites or potentially impacted areas within one mile. Sensitive sites include houses, schools, churches, businesses, the international border, residential areas or cities, and bodies of water. Be sure to update changes on your maps (new residence, etc.) each year.
 - Multiple fields are allowed on one map to the extent that components remain clear and legible.
 - All crossroads must be identified by name and include the distance to the roads if not adjacent.
 - Distances from the field to the sensitive sites must be indicated and should be sufficiently accurate to allow applicators to use an appropriate buffer when needed.
 - Schools within one mile of a field must be indicated on the map.
 - Include a non-repeating map number on the lower right-hand corner and the OIN name on the top.
 - c. Likely to be rejected: plat maps, aerial imagery or color maps, illegible/blurry maps, stamped maps.
4. Return documents for review, after completing all revisions and preparing your maps, to Pesticide Use Enforcement at 852 Broadway, El Centro, CA 92243. These changes will be reviewed, then made in the CalAgPermits system. We will call the signer when the OIN is ready.
5. Note: Any supplements turned into our office in June will be automatically added to the new OIN.

Farm XYZ

(Sample Map)



Map #1



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Restricted Materials Permit / Op-ID Questionnaire

Please provide the following information regarding your operation:

Permit Name:		
Permit Number:		
1. Do you have employees that handle pesticides?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2a. Do you employ or contract field workers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2b. If you answered yes to 2a, are the field workers your employees, a farm labor contractor, or both?	<input type="checkbox"/> Employees	<input type="checkbox"/> FLC <input type="checkbox"/> Both
3. Do you want to add or change any of the contact persons listed on your permit? (Such as dealers, pest control businesses, pest control advisers, certified applicator, etc.) If yes, please also make the corrections on your permit copy prior to submission.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. CalAgPermits permissions: You can grant permission for contacts (dealer, pest control business, pest control advisor, etc) to view your permit, submit pesticide use reports (PURs), or submit/amend annual school notifications (SN). If applicable, please list contact name and/or business and indicate the type of permission that you would like to grant.		
	<input type="checkbox"/> Permit Viewer	<input type="checkbox"/> PUR Submitter <input type="checkbox"/> SN
	<input type="checkbox"/> Permit Viewer	<input type="checkbox"/> PUR Submitter <input type="checkbox"/> SN
	<input type="checkbox"/> Permit Viewer	<input type="checkbox"/> PUR Submitter <input type="checkbox"/> SN
	<input type="checkbox"/> Permit Viewer	<input type="checkbox"/> PUR Submitter <input type="checkbox"/> SN
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