



Restricted Materials Permit / Operator ID Number Application

rev. 3-2024

COUNTY USE ONLY

Op-ID / RMP Number

Section 1. Operator Identification Number

Operator (Firm Name)					
Primary Phone #		Alternate Phone #		Cell Phone #	
Fax #					
Mailing Address			Physical Address		
City		State	Zip	City	
		State	Zip		
Email Address (used to transmit electronic permit supplements, notices of intent, pesticide use inspections, etc., and to communicate pesticide container recycling events, continuing education opportunities, etc.)					
Employees (non-owners) handle pesticides: <input type="checkbox"/> Yes <input type="checkbox"/> No			Fieldworkers are: <input type="checkbox"/> Employees <input type="checkbox"/> Hired FLCs <input type="checkbox"/> Both		

Section 2. Additional Counties where the Firm is in Operation

County / Operator ID No.	County / Operator ID No.
County / Operator ID No.	County / Operator ID No.

Section 3. Permit Contacts

Pest Control Adviser	Name	License #	City, State
Pest Control Dealer	Name	License #	City, State
Pest Control Business	Name	License #	City, State
Pest Control Business	Name	License #	City, State

Please list any additional contacts here:

Section 4. Certified Applicator (Restricted Materials Permit only)

Name		Qualification <input type="checkbox"/> PAC <input type="checkbox"/> QAL <input type="checkbox"/> QAC		License / Certificate #	
Primary Phone #		Cell Phone #		Email Address	
Mailing Address			City		State
					Zip

Section 5. Application Attachment Checklist

- Permit supplement form(s) w/ sites, commodities, acreages, and *intended restricted material pesticides
- Two copies of the map for each site (see map criteria in appendix XX)
- Designation of Agent / Limited Power of Attorney Form
- *Alternatives and Mitigation Measures Form

* Restricted Materials Permit applications only.

Section 6. Operator / Agent Signature

I attest that I am authorized to apply for an operator identification number and/or restricted materials permit on behalf of the firm listed above, being an owner, partner, corporate officer, or other holding power of attorney, as documented on the attached *Designation of Agent / Limited Power of Attorney* form.

Authorized Representative / Agent (Limited Power of Attorney)	Signature	Date
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