



COUNTY OF GLENN
DEPARTMENT OF AGRICULTURE
 720 N. Colusa Street, Willows CA 95988
 530-934-6501 -- Fax 530-934-6503
 Website: www.countyofglenn.net

Marcie Skelton
 Agricultural Commissioner
 Sealer of Weights &
 Measures

2024

Grower Authorized Representative Form

Permit Name: _____ Permit #: _____
 Property Owner/Operator Name: _____ Title: _____
 Address: _____
 City/State/Zip _____ Phone #: _____

The authorized representative named below may represent me in obtaining a restricted materials permit or operator identification number. As my authorized representative, as defined in Section 6420 of the California Code of Regulations, has the authority to obtain and sign my restricted materials permit(s). The designee has the authority to start, stop, or otherwise control the use of pesticides, which may be required in the integrated pest management program that has been adopted for the operation of my property. I understand that this authorization does not relieve me of liability for violations of pesticide laws and regulations on my property and that this authorization will remain in effect until I revoke it in writing to the Agricultural Commissioner.

I understand that I remain responsible for:

- ✓ Submission of Notices of Intent (NOIs) to apply pesticides
- ✓ Submission of Pesticide Use Reports (PURs)
- ✓ Training of my employees
- ✓ Assuring that my employees use appropriate person protective equipment (PPE)
- ✓ Maintenance of all required records
- ✓ Liability for any damage to persons or property resulting from the possession or use of pesticides by my operation

Owner's Signature: _____ Date: _____

Authorized Representative's Name: _____ Phone #: _____
 Address: _____ City/State/Zip: _____
 Employee: _____ Pest Control Advisor: _____ Other: _____

I hereby certify that the information above is correct to the best of my knowledge. I also understand that in the event of a violation of pesticide laws or regulations, I could be held liable either separately or together with the property operator.

Authorized Rep's Signature: _____ Date: _____