

COUNTY OF GLENN
AGRICULTURAL COMMISSIONER
PESTICIDE USE ENFORCEMENT

GROWER AUTHORIZED REPRESENTATIVE FORM

Permit/Name _____ Permit # _____

Property Owner/Operator Name _____ Title _____
(print)

Address _____

City, State, Zip _____ Phone # _____

The authorized representative named below may represent me in obtaining a restricted material permit or operator identification number. As my authorized representative, as defined in Section 6420 of the California Code of Regulations, has the authority to sign and obtain my restricted materials permit(s). The designate has the authority to start, stop or otherwise control the use of pesticides, which may be required in the integrated pest management program which 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 Notice of Intent to Apply Pesticides
- Submission of Pesticide Use Reports
- Training of my employees
- Assuring that my employees use appropriate Personal Protective Equipment
- 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
Signature _____ Date _____

Authorized Representative's Name _____
(print)

Address _____

City, State, Zip _____ Phone _____

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 violation of pesticide laws or regulations, I could be held either seperately or together with the property operator.

Signature of Authorized Rep. _____ Date _____