# NOTICE OF INTENT TO APPLY
## RESTRICTED MATERIALS

**DEPARTMENT OF PESTICIDE REGULATION**

### COUNTY SECTION TOWNSHIP RANGE
- **N**
- **S**

### OPERATOR PERMIT NUMBER

### SITE IDENTIFICATION NUMBER

### TOTAL PLANTED ACRES/SUITS

### LOCATION

### DATE/TIME APPLIED
- **PROPOSED**
- **ACTUAL**

### TOTAL ACRES/SUITS TREATED
- **PROPOSED**
- **ACTUAL**

### COMMODITY/SITE TREATED

### CHEM NO. MANUFACTURE NAME OF PRODUCT APPLIED

### EPA/CAIF REGISTRATION NUMBER FROM LABEL

### RATE

### DILUTION

### TARGET PEST

### DAYS REENTRY

### DAYS PREHARVEST

### APPLIED/SUPERVISED BY

### ENVIRONMENTAL CHANGES/COMMENTS

### SUBMITTED BY
- **DATE**
- **TIME**
- **RCA NAME**

### RECEIVED BY
- **BOX NUMBER**
- **DATE**
- **APPROVED**
- **DENIED**

### ADJACENT CROPS, SCHOOLS, DWELLINGS, ETC.

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(1) CAC: Submit to AGRICULTURAL COMMISSIONER at least 24 hours prior to application.