



Washington
State Department of
Agriculture

Pesticide Compliance
PO Box 42560
Olympia, WA 98504-2506
1-877-301-2555
pcompliance@agr.wa.gov

WSDA USE ONLY

WSDA
Permit
Number _____

Pesticide Application Permit Request

Application Information				
Permittee Name		Phone Number		Email
Address (Street Address or PO Box)		City	State	Zip Code
Applicator Name		Phone Number		Email
Address (Street Address or PO Box)		City	State	Zip Code
Property Owner/Operator Name		Phone Number		Email
Address (Street Address or PO Box)		City	State	Zip Code
Property Location Section(s)	Township N	Range E	County	Permit Area
Property Location Section(s)	Township N	Range E	County	Permit Area
Target Crop/Site	Acres	Adjacent Crops		
Pesticide(s) and EPA Regulation Number(s)				
Method of Application: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Chemigation			Desired Application Date	
Desired Equipment and Conditions				
Grape Statement: Note the distance and direction to any vineyard(s) from the target field				
ATTACH A MAP with the following information: Target field, adjacent crops, livestock, nearby roads and housing, organic crops, or bee yards. Note the stage of development of the adjacent crops, i.e., blooming, harvested, etc.				
Comments				
NOTE: PERMITTEE MUST READ AND SIGN THE FOLLOWNG STATEMENT				
<p>Neither the permittee nor any agent and/or employee of the permittee may rely on WSDA or the conditions contained in the permit to determine that conditions are safe for the application of pesticides. The permittee and all persons operating under the permit remain solely responsible for judging when conditions at an application site are safe for making a pesticide application. The permittee and all persons operating under the permit have the sole responsibility and liability for all damages and/or violations of law that occur as a result of any application of pesticides regardless of whether or not said application is in conformance with the conditions contained in the permit and regardless of any representations, suggestions, or advice given by any WSDA representative. This permittee and all persons operating under the permit are encouraged to not proceed with and/or discontinue the pesticide application if, in their opinion, there exists an unreasonable risk of damage. The permittee hereby acknowledges that all persons operating under the permit will be advised by the permittee of all laws and rules relating to this request and all conditions contained in the permit.</p> <p><i>The permit request must be received by WSDA at least three (3) working days prior to the requested start date.</i></p>				
Signature of Permittee: _____			Date: _____	