



PESTICIDE SENSITIVE INDIVIDUAL APPLICATION

Return application to address shown above right

PART I – Pesticide Sensitive Individual

Based on the information provided on the completed form below, I request that my name be placed on the Washington State Department of Agriculture List of Pesticide Sensitive Individuals. I understand that this is an annual registration, and the list will expire each year on December 31. It is my responsibility to renew this registration, and to notify the department of any changes in the information below.

SIGNATURE DATE

NOTE: The list of Pesticide Sensitive Individuals is distributed by January 1 and June 15 of each year to certified applicators likely to make landscape applications. If you register after distribution of the list, you may wish to notify certified applicators operating in your area.

Please Print Legibly or Type the Below Requested Information

LAST NAME		FIRST NAME		MIDDLE INITIAL
PHYSICAL ADDRESS – Street Address			APT. #	DAY TIME PHONE NUMBER ()
CITY	STATE	ZIP		EVENING PHONE NUMBER ()
COUNTY OF RESIDENCE		EMAIL ADDRESS		
MAILING ADDRESS – If different than above				
CITY		STATE	ZIP	
Is your residence located within a multi-family dwelling? (Please check one): <input type="checkbox"/> Yes <input type="checkbox"/> No				
If your answer is YES, please complete the following:				
MANAGER'S / OWNER'S NAME			PHONE NUMBER ()	
ADDRESS			APT. #	
CITY	STATE	ZIP	APARTMENT COMPLEX NAME (IF APPLICABLE)	

Pesticide Sensitive Individual: Please also complete Part III on Page 2, then have your physician complete Part II below

PART II – Physician's Medical Certification

I currently hold a license to practice medicine in the state of Washington, and I certify that the above-named individual is sensitive to pesticides.

PHYSICIAN'S SIGNATURE DATE

PRINT OR TYPE PHYSICIAN'S NAME			PHONE NUMBER ()	
BUSINESS ADDRESS			SUITE #	
CITY	STATE	ZIP	FAX NUMBER ()	
WEBSITE ADDRESS		EMAIL ADDRESS		

PART III – Adjacent Properties

The following properties are adjacent (**directly connecting**) properties next to your property. (DO NOT INCLUDE ADDRESSES ACROSS THE STREET FROM YOUR RESIDENCE.) This portion must be completed to provide adequate notification of anticipated pesticide applications.

1 STREET ADDRESS – Street No., Name, Apt. #		CITY	STATE	ZIP
PROPERTY OWNER – LAST NAME		FIRST NAME		PHONE NUMBER ()
2 STREET ADDRESS – Street No., Name, Apt. #		CITY	STATE	ZIP
PROPERTY OWNER – LAST NAME		FIRST NAME		PHONE NUMBER ()
3 STREET ADDRESS – Street No., Name, Apt. #		CITY	STATE	ZIP
PROPERTY OWNER – LAST NAME		FIRST NAME		PHONE NUMBER ()
4 STREET ADDRESS – Street No., Name, Apt. #		CITY	STATE	ZIP
PROPERTY OWNER – LAST NAME		FIRST NAME		PHONE NUMBER ()
5 STREET ADDRESS – Street No., Name, Apt. #		CITY	STATE	ZIP
PROPERTY OWNER – LAST NAME		FIRST NAME		PHONE NUMBER ()

Please mail this completed form to:

WSDA, Pesticide Management Division, P.O. Box 42560, Olympia, WA 98504-2560.

A copy will be returned to you with the section below completed as verification that your name has been placed on the list.

PART IV – Department Verification

Your receipt of this document is verification that your name has been placed on the Washington State Department of Agriculture Individuals Sensitive to Pesticide List. It is your responsibility to notify the department of any change in your address, telephone number, ownership of adjacent property, or change in your pesticide sensitivity condition.

_____ DEPARTMENT REPRESENTATIVE

_____ DATE PLACED ON REGISTER

_____ IDENTIFICATION NUMBER

_____ EXPIRATION DATE