



Restricted Use Pesticide Purchase Permit Application

The undersigned hereby applies for a Restricted Use Pesticide Purchase Permit for the purchase and use of restricted use pesticides pursuant to Article 33 of the Environmental Conservation Law. Type or print clearly.

APPLICANT INFORMATION		
1. Name of Applicant:		
2. Mailing Address:		
City:	State:	Zip Code:
3. Home Telephone Number:	4. Business Telephone Number:	
5. E-mail address:		

Agricultural Establishment Information		
6. Name of Agricultural Establishment:		
7. Address of Agricultural Establishment:		
8. City:	State:	Zip Code:
9. County:		

PESTICIDE INFORMATION			
		Product #1	Product #2
10.	Pesticide Name:		
11.	Pesticide Manufacturer:		
12.	Pesticide active ingredient(s):		
13.	Pesticide EPA Registration No.:		
14.	Crop treated:		
15.	Target Pest:		
16.	Application Rate		
17.	Method of application:		
18.	Number of acres to be treated:		
19.	Number of applications anticipated this year:		

20.	Container size available:		
21.	Total amount of pesticide needed per calendar year:		

AFFIRMATION – Please check all boxes below:

22. I am aware that a permit will not be issued if this application is not complete.

23. I am at least 17 years old.

24. I regularly use and apply pesticides as a significant part of my gainful employment or livelihood at an agricultural establishment.

25. I understand that applying for a Restricted Use Pesticide Purchase Permit will subject the establishment to inspection by the Bureau of Pesticides Management.

26. I acknowledge that the information in this application is true and accurate and that any false statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the New York Penal Law.

Signature _____ Date _____

MAIL OR EMAIL THE COMPLETED APPLICATION AND ATTACHMENTS TO THE APPROPRIATE REGIONAL DEC OFFICE LISTED BELOW:

Region 1	Nassau, Suffolk	50 Circle Road, Stony Brook, NY 11790-3409 - (631) 444-0340 r1pesticides@dec.ny.gov
Region 2	New York City	1 Hunters Point Plaza, 47-40 21st Street, Long Island City, NY 11101-5407 (718) 482-4994 PesticidesR2@dec.ny.gov
Region 3	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester	21 South Putt Corners Road, New Paltz, NY 12561-1696 - (845) 256-3097 catherine.ahlers@dec.ny.gov
Region 4	Delaware, Green, Otsego, Schenectady, Albany, Schoharie, Montgomery, Rensselaer, Columbia	1130 North Westcott Road, Schenectady, NY 12306 - (518) 357-2045 mark.solan@dec.ny.gov
Region 5	Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren, Washington	232 Golf Course Road, Warrensburg, NY 12885 - (518) 623-1200 brian.primeau@dec.ny.gov
Region 6	Herkimer, Jefferson, Lewis, Oneida, St. Lawrence	Utica State Office Building, 207 Genesee Street, Utica, NY 13501 (315) 793-2554; amy.ortlieb@dec.ny.gov
Region 7	Broome, Cayuga, Chenango, Cortland, Tioga, Onondaga, Oswego, Madison, Tompkins	1285 Fisher Avenue, Cortland, NY 13045-1090 - (607) 753-3095 jacqueline.lamb@dec.ny.gov
Region 8	Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Wayne, Schuyler, Seneca, Steuben, Yates	6274 East Avon-Lima Road, Avon, NY 14414-9519 - (585) 226-2466 justin.schoff@dec.ny.gov
Region 9	Allegany, Cattaraugus, Niagara, Erie, Chautauqua, Wyoming	700 Delaware Avenue, Buffalo, NY 14209 - (716) 851-7220 robert.freese@dec.ny.gov

APPLICATION INSTRUCTIONS

Applicant Information

- Block 1. Enter your full name.
- Block 2. Enter your mailing address. This should be the address you use to receive your mail. Enter your city, two letter state abbreviation, and zip code with zip extension.
- Block 3. Enter your home telephone number and area code.
- Block 4. Enter your business telephone number and area code.
- Block 5. Enter your e-mail address.

The issuance of a Pesticide Purchase Permit for the purchase and use of a restricted use pesticide may subject you to an inspection by Bureau of Pesticides Management staff.

- Block 6. Enter the Name of the Agricultural Establishment.
- Block 7. Enter the physical address of the Agricultural Establishment.
- Block 8. Enter the city/town of the Agricultural Establishment.
- Block 9. Enter the county of the Agricultural Establishment.

Pesticide Information

- Block 10. Enter the name of the pesticide you would like to purchase. This is found on the pesticide container or can be provided by the individual that sells the pesticide.
- Block 11. Enter the name of the pesticide manufacturer. This is found on the pesticide container or can be provided by the individual that sells the pesticide.
- Block 12. Enter the pesticide active ingredient. This is found on the pesticide container or can be provided by the individual that sells the pesticide.
- Block 13. Enter the pesticide EPA registration number. This is found on the pesticide container or can be provided by the individual that sells the pesticide.
- Block 14. Enter the crop to be treated.
- Block 15. Enter the target pest.
- Block 16. Enter the application rate of the pesticide. For example, fluid ounces/gallon of water, or pints/acre. This is found on the pesticide container or can be provided by the individual that sells the pesticide.
- Block 17. Enter the method of pesticide application. For example, you may be applying the pesticide using a boom sprayer, an air blast sprayer, or some other method.
- Block 18. Enter the number of acres to be treated.
- Block 19. Enter the number of applications anticipated to be made with this product this year.
- Block 20. Enter the size of the container available
- Block 21. Enter the total amount of pesticide that will be purchased this year. This is based on container size that is available. Add the unit of measure in pounds or gallons.

Affirmation

- Block 22. Check the box affirming that the application is filled out.
- Block 23. Check the box affirming the minimum age of the applicant.

Block 24. Check the box affirming your eligibility to obtain a purchase permit.

Block 25. Check the box indicating that you are aware that in applying for a Pesticide Purchase Permit for the purchase and use of a restricted use pesticide, the applicator and the agricultural establishment is subject to an inspection by The Department's Bureau of Pesticides Management.

Block 26. By signing this application you acknowledge that the information is true and accurate and are aware that any false statements made on this application are punishable as a Class A misdemeanor pursuant to Section 210.45 of the New York Penal Law

Print then sign and date the form.