



ARTICLE 15 AQUATIC PESTICIDE PERMIT RENEWAL APPLICATION

PLEASE REFER TO THE ATTACHED INSTRUCTIONS
Only algae and cyanobacteria permits are eligible for renewal. The treated water cannot be subject to any water use restrictions indicated on the pesticide product label.

*A \$100 (Check or Money Order) application fee must accompany this application.

FOR DEC USE:

Request Number _____

Waterbody Name _____

Date Received _____

Fee Receipt Number _____

Type of Application _____

Previous # _____

NYCDEP/APA/Other _____

APPLICANT INFORMATION

Name of Applicant:

Name of Authorized Person (Contact) signing the Renewal Request:

Mailing Address of Applicant:

City:

State:

Zip Code:

Email:

Telephone:

Website:

Name of Waterbody

County of Waterbody:

PERMIT NUMBER TO BE RENEWED

Print the Article 15 Aquatic Pesticide Permit Number that you wish to renew in the box to the right.

Article 15 Aquatic Pesticide Permit Number:

Is the proposed application **identical** to the Article 15 Aquatic Pesticide Permit indicated above?

Yes

No*

* If you check "No", your permit is not eligible for renewal.

CERTIFICATION OF NOTIFICATION OF RIPARIAN OWNERS AND USERS

The applicant must complete the Certification of Notification of Riparian Owners and Users below. A copy of the notification letter and a list of riparian owners/users to whom the notification letter was sent must accompany this application. Check all appropriate statements:

	All owners of real property abutting the body of water proposed to be treated pursuant to this application, a list of whom is attached to this application, have been notified by letter of the proposed pesticide treatment. Such letters were mailed or personally delivered on ___ / ___ / ___. A copy of the letter is attached.
	A review of the appropriate real property tax records indicates that no person other than the applicant owns any real property abutting the water body proposed to be treated.
	A person(s), not owning abutting real property, possesses vested legal right to use the water body proposed to be treated. All such persons, and the nature of their right to use of the water proposed to be treated is attached. Such letters were mailed or personally delivered on ___ / ___ / ___. A copy of the letter is attached.

AFFIRMATION:

The applicant and applicator are requesting a renewal of a current Article 15 Aquatic Pesticide Permit. The applicant and applicator guarantee that pesticides will be applied in conformance with all conditions of the permit and agree to accept the following conditions as a prerequisite to the renewal of the permit: that the renewal of the permit is based on the accuracy of all statements presented by the applicant and applicator; that information submitted as part of the previous permit application has not changed unless otherwise noted and revised in this request; and that damage resulting from the inaccuracy of any computations, improper application of the pesticide, or legal responsibility for the representations made in obtaining approvals or releases, or the failure to obtain approvals or releases from the riparian owners/users likely to be affected is the responsibility of the applicant and applicator.

I hereby affirm under penalty of perjury that information on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class "A" misdemeanor pursuant to Section 210.45 of the Penal Law.

Signature of Applicant or Official Representative: Print Name:	Print Title	Date:
Signature of Certified Applicator: Print Name:	Print Title	Date:

ARTICLE 15 PESTICIDE PERMIT RENEWAL REQUEST INSTRUCTIONS

- **Please read the following instructions before completing your renewal application.**
- **Please do NOT send the instructions with your renewal.**
- **Original signatures must be on the renewal request form submitted to NYSDEC**

A permit for the use of a pesticide for the control of an aquatic pest in waters of the State must be obtained in accordance with the rules and regulations of the State of New York in Parts 327, 328 and 329 of Title 6 New York Code of Rules and Regulations (6 NYCRR), adopted pursuant to Article 15, Title 3 of the Environmental Conservation Law (ECL).

Only algae and cyanobacteria permits are eligible for renewal. The treated water cannot be subject to any water use restrictions indicated on the pesticide product label. The proposed action must be identical to your previous permit. The dosage rate must not exceed NYS drinking water standards. The department may determine at any time that the permit is not eligible for renewal and require the full application be submitted.

The following directions correspond to the blocks on the "AQA Renewal (11/19)" form. Please read the instructions carefully and complete the request form accordingly.

Renewal application, fee and attachments should be submitted before March 15th. If all the information is not provided, or if the information is not correct, the renewal application will be returned to the applicant for completion and correction.

This form may only be used to request the renewal of a permit issued the previous year.

An application fee of \$100 (check or money order-made payable to "NYSDEC") must accompany this renewal application.

APPLICANT INFORMATION

The name of the applicant proposing the renewal must be provided. If the applicant is not an individual, please provide the name of the person authorized to submit the request form for the organization. NOTE: The individuals signing the request form must be the individuals identified on the request form. The request form must be signed by the legally responsible parties.

Please list Waterbody Name and County.

PERMIT NUMBER TO BE RENEWED

Print the permit number from your current permit in the space provided.

Mark the appropriate box indicating if the proposed action is identical to one covered by your permit.

CERTIFICATION OF NOTIFICATION OF RIPARIAN OWNERS AND USERS

After notification to riparian owners/users, check appropriate box. A copy of the notification letter and a list of riparian owners/users to whom the notification letter was sent must accompany this application.

AFFIRMATION

The individual signing the request form must be the authorized person identified on the request form and must be a legally responsible party. Please print the individual's name, title and the date of endorsement. The Certified Applicator who is associated with the pesticide application must also sign the request form and print their name, title and the date of endorsement.

MAIL THE COMPLETED REQUEST FORM, ATTACHMENTS, AND RENEWAL FEE TO THE APPROPRIATE REGIONAL DEC OFFICE LISTED BELOW:

Region 1	Nassau, Suffolk	50 Circle Road, Stony Brook, NY 11790-3409 - (631) 444-0340
Region 2	New York City	1 Hunters Point Plaza, 47-40 21 st Street, Long Island City, NY 11101-5407 - (718) 482-4994
Region 3	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester	21 South Putt Corners Road, New Paltz, NY 12561-1696 (845) 256-3097
Region 4	Delaware, Green, Otsego, Schenectady, Albany, Schoharie, Montgomery, Rensselaer, Columbia	1130 North Westcott Road, Schenectady, NY 12306 (518) 357-2045
Region 5	Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren, Washington	232 Golf Course Road, Warrensburg, NY 12885 - (518) 623-1200
Region 6	Herkimer, Jefferson, Lewis, Oneida, St. Lawrence	Utica State Office Building, 207 Genesee Street, Utica, NY 13501 (315) 793-2554
Region 7	Broome, Cayuga, Chenango, Cortland, Tioga, Onondaga, Oswego, Madison, Tompkins	1285 Fisher Avenue, Cortland, NY 13045-1090 - (607) 753-3095
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
Region 9	Allegany, Cattaraugus, Niagara, Erie, Chautauqua, Wyoming	700 Delaware Avenue, Buffalo, NY 14209 - (716) 851-7220