

County of El Dorado

Agriculture, Weights & Measures



New Pesticide Spray Permit Questionnaire

Last Name: _____ First Name: _____

Registered Business/Ranch Name (if applicable): _____

Mailing Address: _____

Physical Address and/or APN: _____

Are you the legal owner of the property? Yes No

Will you be performing treatments at any additional properties? Yes No

If yes, list additional addresses on the back.

Home Phone: _____ Cell Phone: _____

Email: _____ Business Phone: _____

What materials are you looking to purchase? _____

Do you have a well? Yes No

List crops grown with acreage for each: _____

If there are multiple properties, specify which property each crop is on.

Do you have bee hives? Yes No

If yes, make a list on the back of all locations where you have hives with the addresses and number of hives at each location.

Do you have employees? Yes No

Do your employees handle pesticides? Yes No N/A

Who trains your employees? _____

Do you have a QAL, QAC, or PAC card? Yes No What is the #? _____

Do you use a Farm Labor Contractor? Yes No

Do you use a Pest Control Business to do your spraying? Yes No

If you use a Pest Control Business, which one do you use? _____