



Agricultural Commissioner
Edmund E. Williams

Chief Deputy
Korinne M. Bell



Authorized Representative Form

Permit Name: _____ **Permit/ OPID #:** _____

Property Owner/Operator Name: _____ **Title:** _____

Address: _____

City, State, Zip: _____ **Phone #:** _____

The authorized representative named below may represent me in obtaining a restricted material permit. I understand that this authorization does not relieve me of liability for violations of pesticide laws or regulations on my property and that this authorization will remain in effect until I revoke it in writing to the Agricultural Commissioner. If the authorized representative is the certified applicator for the permit, and leaves the permittee's employ, the permit becomes invalid.

This form may also be used to authorize the person named below to obtain an operator identification number.

Property Operator

Signature: _____ **Date:** _____

Authorized Representative's Name: _____

Address: _____

City, State, Zip: _____ **Phone:** _____

Employee **Pest Control Advisor** **Other, Please Specify:** _____

I understand that in the event of violation of pesticide laws or regulations I could be held liable either separately or together with the property operator.

Signature of Auth.Rep: _____ **Date:** _____