



**State of New Jersey**  
**Department of Environmental Protection**  
**PESTICIDE CONTROL PROGRAM**  
 Mail Code 401-04E  
 P.O. Box 420  
 Trenton, New Jersey 08625-0422  
 Telephone: 609-984-6666 / Fax: 609-984-6555  
[www.pcpnj.org](http://www.pcpnj.org)

**NEW JERSEY DEP Aquatic Pesticide Permit  
 APPLICATION FOR AUTHORIZATION**

<b>PCP Use:</b>	Date Received: _____
	Permit # (s): _____

**1. APPLICATOR/BUSINESS IDENTIFICATION**

Business Name \_\_\_\_\_ License # \_\_\_\_\_

Responsible Applicator Name \_\_\_\_\_ License # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-Mail \_\_\_\_\_

Contracting Party \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

**2. WATERBODY DESCRIPTION**

*(If multiple water bodies attach list)*

Type (Ex: Lake/Pond/Stream/Wetland) \_\_\_\_\_ **PINELANDS:**  Yes  No

Water body Name \_\_\_\_\_ Site ID # \_\_\_\_\_

County \_\_\_\_\_ Municipality \_\_\_\_\_ Watershed \_\_\_\_\_

Site Area (acres) \_\_\_\_\_ Treatment Area (arces) \_\_\_\_\_

Treatment Area average depth \_\_\_\_\_ Site Coordinates (LAT) \_\_\_\_\_ (LONG) \_\_\_\_\_

Potable Water? Yes \_\_\_\_\_ No \_\_\_\_\_

\*( Maintain detailed site diagram for record keeping purposes)\*

**3. PESTICIDE TREATMENT AND OTHER INFORMATION**

Target Pest(s) \_\_\_\_\_

Pesticide Product(s) _____	EPA Registration # _____
_____	_____
_____	_____
_____	_____

Integrated Pest Management (IPM) Plan Implemented?  Yes  No (If yes, maintain for record keeping purposes)

**4. RESPONSIBLE APPLICATOR CERTIFICATION**

Any applicator who requests authorization under the New Jersey Pesticide Control Aquatic Permit (NJAC7:30-9.3) certifies the accuracy of the above statements, is familiar with the PCP Document BPO-02, and agrees to comply with all other applicable NJDEP regulations as well as all Aquatic Pesticide Permit policies and procedures, specifications stated on BPO-01 Aquatic Pesticide Permit Form, all aquatic pesticide product registrations, in addition to all aquatic pesticide permit conditions, and site restrictions, listed on the Pesticide Control Program's website, [www.pcpnj.org](http://www.pcpnj.org).

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information. I also acknowledge that under penalty of law that I will perform aquatic pesticide applications in accordance with all applicable federal, state, and local laws and regulations governing the application of pesticides, including but not limited to NJDEP Pesticide Control Program and FIFRA, the Federal Insecticide Fungicide and Rodenticide Act.

\_\_\_\_\_  
Responsible Applicator Signature

\_\_\_\_\_  
Responsible Applicator Name (Print)

\_\_\_\_\_  
Date