

**NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
PESTICIDE CONTROL PROGRAM
P.O.BOX 411, TRENTON, NJ 08625-0411**

MOSQUITO/FLY CONTROL PERMIT APPLICATION

Please see additional instructions for the proper completion of this application.

Office Use Only!	
Permit #	

1. Person/Organization Requesting Treatment:

2. Organization/Applicator Business Performing Application:

Name of Organization		
Contact Person's Name		
Address		
City	State	Zip Code
Telephone#		

Applicator's Name and License #	
Applicator Business Name and License #	
Address	
City	State Zip Code
Telephone#	Fax#

3. Type of Application: Larviciding (), Adulticiding (), Both ()

4. Location of Area to be Treated:

_____ County _____ Township/Municipality

5. Area to be Treated (target site):

6. Target Pest(s) (specify species):

7. Method for Determining when to spray: Dipper (), Bite Count (), Trap Count (), Complaints (), Other _____

8. Pesticide(s) Proposed for Use:

Product Name	EPA Reg.#	Dilution	Application Rate	Application Method

9. Attach a sketch or map of the treatment area with the specific area(s), described in #5 above, clearly marked.

The applicator certifies the truth of the above statements, agrees to follow the most current label directions for the pesticides to be used, is responsible for all damages which may occur when proposed treatments are performed, agrees to abide by all conditions as specified upon approval of this permit, and agrees to submit records of application to the County Mosquito Control Agency and Pesticide Control Program within 3 weeks of the application.

Applicator Name (print)

Applicator Signature

Date

THIS IS NOT A VALID PERMIT UNLESS AN APPROVAL PAGE IS ATTACHED, SIGNED AND STAMPED "VALID".

