

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

BUREAU OF PESTICIDE CONTROL
PO BOX 420, MC 401-04A, TRENTON, NJ 08625-0420

BPO-04

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
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5. Area to be Treated (target site):

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

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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, agrees to make applications in accordance with the applicable Guidelines of the New Jersey Agricultural Experiment Station, 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".

FOR COUNTY MOSQUITO AGENCY USE ONLY

10. Application Equipment:

Make	Model	Serial #

11. Is application equipment properly calibrated & maintained? Yes () No () MMD _____

12. Is this control program recommended? Yes () No ()

13. Comments on #12 above: _____

Authorized Signature of County Mosquito Official

Date

NOTE: THE COUNTY MOSQUITO CONTROL AGENCY IS NOT LIABLE FOR ANY ACTION BY THE APPLICANT IF THIS PERMIT IS APPROVED.

**FOR NEW JERSEY STATE OFFICE OF MOSQUITO CONTROL COORDINATION
USE ONLY**

14. Is this control program recommended? Yes () No ()

15. Comments on #14 above: _____

Authorized Signature of State Mosquito Official

Date

NOTE: THE NEW JERSEY OFFICE OF MOSQUITO CONTROL COORDINATION IS NOT LIABLE FOR ANY ACTION BY THE APPLICANT IF THIS PERMIT IS APPROVED.

**NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF PESTICIDE CONTROL
PO BOX 420, MC 401-04A, TRENTON, NJ 08625-0420**

**Document BPO-04
Instructions for the Completion of the Mosquito/Fly
Control Permit Application**

Under the provisions of NJAC 7:30-9.2, anyone who applies any pesticide on a community or area wide basis for the control of larval or adult forms of mosquitoes and/or flies (in the Order Diptera) must have an approved Mosquito/Fly Control Permit prior to application. Community or area wide is defined as "any pesticide application performed on aggregate areas greater than three acres of land or water which is either part of a pesticide control program performed or contracted by a governmental agency or is performed by, or contracted for, one person who has control over the use of the land to which the pesticide is applied".

The exceptions to the permit requirement are:

- 1) Applications made for agricultural purposes; or
- 2) Applications conforming to the provisions of the Mosquito Extermination statutes (NJSA 26:9-1 et seq.).

If you need a Mosquito/Fly Control Permit, complete the application enclosed using the following instructions. If the proposed treatment is for mosquito control, contact your county mosquito control agency to arrange to have your equipment checked and to discuss your proposed control program. The county mosquito control agency will send the application to the Pesticide Control Program for our review. If your county mosquito control agency will not cooperate in this program, contact the Pesticide Control Program at (609) 984-6666 for alternate instructions.

If the proposed treatment is for fly control, send your application directly to the Pesticide Control Program. Applications, for mosquito or fly control, are also reviewed by the State Office of Mosquito Control Coordination. The issuing authority for all permits, however, is the Pesticide Control Program.

Review time varies but you should allow at least 3 weeks for the permit to be returned to you. There is no fee for the permit this year. Use the instructions below when completing your permit application.

1. Fill in all information regarding the person or organization requesting treatment. Make sure to fill in the customer's name who should be contacted if there are any questions. Fill in this information even if the customer and applicator, as specified in item #2, are the same.
2. Fill in all Organization/Applicator Business information. The applicator must be certified in either Category 8B (mosquito) or 8C (campground). The applicator and the applicator business (when applicable) must be registered for the current Registration year.
3. Check which type of application applies to your proposed treatment.
4. Fill in the County and Municipality in which the treatment will be performed.
5. Fill in the areas to be treated. Be specific here, for example: campground areas, golf course hole numbers, bodies of water, etc... If you intend to apply a larvicide to a body of water follow the label directions carefully. The program may request additional information or clarification.
6. Fill in the target pests you intend to treat.
7. Check the method you will use to determine when to treat. For example: coordinate with your County Mosquito Control Agency, hire a professional consultant, spray according to citizen complaints, etc...
8. Enter the information concerning the pesticide(s) you propose to use. Enter product name(s) and EPA Registration number(s). Fill in the dilution rate you intend to use. Leave this blank if this is a ULV application. Enter the calibrated application rate you will use. Fill in the method of application you propose, for example: ULV, thermal fog, mist blower, hand scatter, aerial, etc... If you want to make a change in your treatment program after you have received an approved permit, call the Pesticide Control Program for a revised permit.

9. Attach a copy of a map which indicates the area to be treated. Mark on this map the specific area(s) of treatment you filled in under item #5 of the permit. Permit applications will be returned if the map is unclear, incomplete or missing.

Note: The applicator must then sign his name stating that he agrees to follow all the most current label directions for the pesticide(s) to be used; will be responsible for all damages which may occur from the proposed treatment; will abide by any conditions placed on the permit upon approval; will make applications in accordance with the applicable Guidelines of the New Jersey Agricultural Experiment Station (Rutgers University); and will submit the required records of application to the county mosquito control agency and the Pesticide Control Program within 3 weeks of the application.

If the proposed application is for mosquito control, make arrangements with the county mosquito control agency to inspect your equipment. Your equipment should be properly maintained and calibrated beforehand, so that you can actually demonstrate it to the county. Bring this permit application with you because they will need it to sign-off on.

or

If the proposed application is for fly control, send it directly to the Pesticide Control Program.

Instructions for County Mosquito Control Agency

10. Fill in the make, model and serial number of each sprayer you check. If you need more room please attach an additional page to the application.

11. Check whether the equipment is properly maintained and calibrated. If you have checked a ULV sprayer, fill in the mass median diameter (MMD) of the spray droplets in the space provided. If there are any irregularities or the machine is not in running condition when you inspect it, please note this.

12. Check whether or not you recommend the proposed mosquito/fly larviciding/adulticiding program.

13. Comment on the reason(s) for your recommendation or objection to this spray program. Your technical assistance and professional evaluation of this proposed spray program serves as valuable information in the permit process. If the county is already providing mosquito control in the proposed treatment area, we must be informed.

Note: Sign and date the permit application upon completion of your review.

Please mail the completed application to:

NJ Department of Environmental Protection
Bureau Of Pesticide Control
Attn: Hollie Eze
PO Box 420, MC 401-04A, Trenton, NJ
08625-0420

05/23