



AGENCY OF AGRICULTURE, FOOD & MARKETS
Public Health and Agricultural Resource Management Division
Steve Dwinell, Director

www.agriculture.vermont.gov

116 State Street • Montpelier, Vermont 05620-2901 • (802) 828-5667 • (802) 828-1410 fax

REQUEST FOR PERMIT TO CONDUCT TERRESTRIAL INVASIVE PLANT PESTICIDE APPLICATION

Pursuant to 6 V.S.A. Chapter 87 and the Vermont Rule for Control of Pesticides (the Rule), a request is made for a permit to conduct a pesticide application for terrestrial invasive plant species within the State of Vermont to control terrestrial invasive plant species in a right-of-way for purposes other than clearing or maintaining a right-of-way.

APPLICANT INFORMATION

Title of Organization:
Address:
Phone:
Contact Person:

SITE SPECIFIC INFORMATION

Town receiving application:
Terrestrial invasive plant species to control:
Approximate total acreage to be treated:
Anticipated Date(s) of treatment:
Treatment Method:

SPECIAL NEEDS: TREATMENT WITHIN BUFFER STRIPS

Specific areas where applications are to occur:
Application technique to be implemented:
Application equipment to be used:
Explain how this Request will Protect Sensitive Areas, Sensitive Crops, Site Conditions, Wells, etc.:

CONTROL DETAILS

Trade Name	Common Name of Active Ingredient(s)	EPA Reg. Number	Application Rate Product/Acre	Vegetation to Be Controlled	Type of Application and Equipment to be Used
<i>Example: GARLON 4</i>	<i>Triclopyr</i>	<i>62719-40</i>	<i>0.25-1.25 gal/acre</i>	<i>Undesirable Tree Species</i>	<i>Low Volume Basal & Stump Backpack Sprayer</i>

*Pesticide(s) to be used and rate(s) to be applied. If more than one chemical is listed, then a summary of the uses intended for each chemical must be provided. The summary should state whether the chemical will be mixed or applied separately, specifying which chemicals will control what types of vegetation/pest. Please Note: A copy of a label, must be supplied for each chemical to be used.

APPLICATOR INFORMATION

Applicator's name:
Vermont applicator certificate #:
Company name:
Company address:
Company telephone number:

OTHER INFORMATION TO BE SUBMITTED WITH APPLICATION

1. Current labelling for each pesticide to be used.
2. Plan demonstrating how the permit applicant will either be able to eradicate or otherwise further control the spread of the invasive species with a reduction in any continued chemical applications in accordance with Rule Section 6.08(d).

CERTIFICATION OF COMPLIANCE

The Applicant certifies that, to the best of their knowledge, the provided information is true and accurate.

The Applicant further understands that weekly spray and dusting operations must be reported to the Vermont Agency of Agriculture, Food and Markets on forms furnished by the Agency, sent to the Agency electronically and not later than the close of business on the Monday following the week's operation.

SIGNATURE: _____ **Date:** _____

(NOTE: Additional sheets may be attached to include further information.)