



COUNTY OF SANTA BARBARA  
AGRICULTURAL COMMISSIONER  
PESTICIDE USE ENFORCEMENT

## GROWER AUTHORIZED REPRESENTATIVE FORM

Name on Permit/ID Number \_\_\_\_\_ Permit/OIN# \_\_\_\_\_

Property Operator Name (*print*) \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

The authorized representative named below may represent me in obtaining a restricted material permit or operator identification number. 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. The permit or operator identification number will be voided if the authorized representative who signed the permit is no longer employed by me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Representative's Name (*print*) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_ Employee    \_\_\_\_ Pest Control Adviser    \_\_\_\_ 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 \_\_\_\_\_