

**SANTA BARBARA COUNTY
AGRICULTURAL COMMISSIONER'S OFFICE**

APPLICATION FOR RESTRICTED MATERIALS PERMIT

Business Name: _____ Applicant's Name: _____
 Mailing Address: _____ Street Address: _____
 City _____ CA Zip _____ City _____ CA Zip _____
 Home Phone: _____ Bus. Phone: _____ Mobile Phone: _____
 Fax: _____ Private Applicator's Name: _____ PAC# _____

List other contact names: _____ Do ranch employees handle pesticides? YES NO (circle one)

1. Owner: _____ Phone: _____
 2. _____ Phone: _____
 3. _____ Phone: _____

SITE ID/RANCH NO:	RANCH DESCRIPTION/ ADDRESS LOCATION:	# ACRES	SECTION	TOWNSHIP	RANGE

Please attach a map showing each treatment site (ranch), identifying all known areas within 0.5 mile of each treatment site which could be adversely impacted by the use of pesticides. Include an authorized representative form if you are not the operator of the property.

Signature _____ Title _____ Date _____

THIS AREA IS FOR OFFICE USE ONLY

Your permit application has been denied for the reasons stated below. You have the right to appeal the Commissioner's decision to deny your request. Additional information regarding your rights and the appeal process are described on the back of this page.

Reason for denial: _____

Reviewer's signature _____ Title _____ Date _____

