



COUNTY OF SANTA BARBARA
 AGRICULTURAL COMMISSIONER
 PESTICIDE USE ENFORCEMENT



**GROWER AUTHORIZED
 REPRESENTATIVE FORM**

Permit Name _____ Permit/OIN # _____

Property Owner/Operator Name *(print)* _____ Title _____

Address _____

City, State, Zip _____ Phone _____

The authorized representative named below may represent me in obtaining a restricted material permit. 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. If the authorized representative is the certified applicator for hte permit, and leaves the permittee's employ, the permit becomes invalid.

This form may also be used to authorize the person named below to obtain an operator identification number.

Property Operator
 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 _____