



County of Fresno

DEPARTMENT OF AGRICULTURE

MELISSA CREGAN
AGRICULTURAL COMMISSIONER/
SEALER OF WEIGHTS & MEASURES

Application Restricted Materials Permit (RMP) or Operator Identification Number (OIN)

Requesting New Permit Renewing Date: _____

Business/Farm Name: _____ RMP/OIN Number: _____

Mailing Address: _____

Primary Phone Number: _____ Cell Phone Number: _____

Headquarters Address: _____

Permittee Name: _____ Email: _____

Department Staff can contact me by Text Phone Email

Do you, the grower, apply pesticides yourself? YES NO

 If NO, are pesticides applied by employees? YES NO

 If YES, is your Pesticide Safety Information Series (PSIS) A-8 up to date? YES NO

 Do employees use respirators during pesticide activities? YES NO

 Do you use a Pest Control Business (PCB) to apply pesticides? YES NO

 If YES, name of PCB: _____

Where is your Application Specific Information Located? _____

Do you use a Farm Labor Contractor (FLC) for field work, pesticide work or both?

FLC for Field Work FLC for Pesticide Work FLC for Field and Pesticide Work None

Is your Pesticide Safety Information Series (PSIS) A-9 up to date? YES NO

Will you need to submit Pesticides near schools notification? Yes No I don't know

Authorized Agent(s) - Person authorized by the operator of the property to change/sign permit:

_____ Letter of Authorization Received

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Certified Applicator Name: _____

License Type: PAC QAL QAC Phone: _____

Expiration Date: _____

DEPARTMENT USE ONLY:

RMP discussed Inspector: _____ In person Phone

Handouts given: PSIS A-8 PSIS A-9 PSIS N-8

Handler Training Fieldworker Training Other: _____